

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOLF PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="78391.12"/>	<input type="text" value="78391.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="78391.12"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="168734.34"/>	<input type="text" value="168734.34"/>
(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="247125.46"/>	<input type="text" value="247125.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="229336.49"/>	<input type="text" value="229336.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17788.97"/>	<input type="text" value="17788.97"/>
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

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).....	24353.69	24353.69
(ii) Unitemized	139023.17	139023.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	163376.86	163376.86
(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)	163376.86	163376.86
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).....	5357.48	5357.48
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)).....▶	168734.34	168734.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	168734.34	168734.34

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	229336.49	229336.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	229336.49	229336.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	229336.49	229336.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	229336.49	229336.49

DETAILED SUMMARY PAGE
of Disbursements

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)	163376.86	163376.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	163376.86	163376.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	229336.49	229336.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	5357.48	5357.48
38. Net Operating Expenditures (subtract Line 37 from Line 36)	223979.01	223979.01

**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 169
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Atherton, Gregory, , ,

Mailing Address 24054 NE 14th St

City Sammamish State WA Zip Code 98074

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

Name of Employer (for Individual) Microsoft Occupation (for Individual) UX 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
 06 / 22 / 2019

Transaction ID : SA11AI.41917

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Bomke, Kurt, , ,

Mailing Address 74 Sierra Springs Dr

City Crowley Lake State CA Zip Code 93546

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2019

Transaction ID : SA11AI.42009

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Bomke, Kurt, , ,

Mailing Address 74 Sierra Springs Dr

City Crowley Lake State CA Zip Code 93546

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2019

Transaction ID : SA11AI.42010

Amount of Each Receipt this Period
50.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Brennan, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6169 Hunters Dr
 City Farmington State NY Zip Code 14425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2019
Transaction ID : SA11AI.42043
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Brennan, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6169 Hunters Dr
 City Farmington State NY Zip Code 14425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 22 / 2019
Transaction ID : SA11AI.42044
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Breslau, Esther, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3905 N Overlook Ter
 City Portland State OR Zip Code 97227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) None
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2019
Transaction ID : SA11AI.42050
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Breslau, Esther, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3905 N Overlook Ter

City Portland	State OR	Zip Code 97227
------------------	-------------	-------------------

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

Name of Employer (for Individual) None	Occupation (for Individual) None
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2019

Transaction ID : SA11AI.42051

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 438 W Jackson St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2019

Transaction ID : SA11AI.42064

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 438 W Jackson St

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2019

Transaction ID : SA11AI.42065

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Burch, Larsson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4240 Ponderosa Ct
 City Boulder State CO Zip Code 80301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sphero, Inc. Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 12 / 2019**
Transaction ID : SA11AI.42094
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Burch, Larsson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4240 Ponderosa Ct
 City Boulder State CO Zip Code 80301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sphero, Inc. Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 12 / 2019**
Transaction ID : SA11AI.42095
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Caesar-Walker, Jasmine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2750 Paint Dr
 City Auburn State CA Zip Code 95603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAIC Occupation (for Individual) Committee Chair
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 11 / 2019**
Transaction ID : SA11AI.42103
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 10 OF 169
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Caesar-Walker, Jasmine, , ,

Mailing Address 2750 Paint Dr

City Auburn State CA Zip Code 95603

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

Name of Employer (for Individual) UAIC Occupation (for Individual) Committee Chair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2019
Transaction ID : SA11AI.42104

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Choppelas, Jon, , ,

Mailing Address 3215 Clement St #201

City San Francisco State CA Zip Code 94121

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

Name of Employer (for Individual) Self Occupation (for Individual) investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2019
Transaction ID : SA11AI.42183

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Choppelas, Jon, , ,

Mailing Address 3215 Clement St #201

City San Francisco State CA Zip Code 94121

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

Name of Employer (for Individual) Self Occupation (for Individual) investor

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2019
Transaction ID : SA11AI.42184

Amount of Each Receipt this Period
100.00

Memo Item

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Choppelas, Jon, , ,		Date of Receipt MM / DD / YYYY 05 / 23 / 2019 Transaction ID : SA11AI.42185
Mailing Address 3215 Clement St #201		Amount of Each Receipt this Period 100.00
City San Francisco	State CA	Zip Code 94121
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Colton, Cheryl, , ,		Date of Receipt MM / DD / YYYY 03 / 08 / 2019 Transaction ID : SA11AI.42236
Mailing Address 3144 Country Lake Dr		Amount of Each Receipt this Period 100.00
City Powder Springs	State GA	Zip Code 30127
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Wellstar Health System	Occupation (for Individual) Senior Application Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Colton, Cheryl, , ,		Date of Receipt MM / DD / YYYY 04 / 08 / 2019 Transaction ID : SA11AI.42237
Mailing Address 3144 Country Lake Dr		Amount of Each Receipt this Period 100.00
City Powder Springs	State GA	Zip Code 30127
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Wellstar Health System	Occupation (for Individual) Senior Application Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

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 12 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Colton, Cheryl, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2019 Transaction ID : SA11AI.42238
Mailing Address 3144 Country Lake Dr		Amount of Each Receipt this Period 100.00
City Powder Springs	State GA	Zip Code 30127
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Wellstar Health System	Occupation (for Individual) Senior Application Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Colton, Cheryl, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 08 / 2019 Transaction ID : SA11AI.42239
Mailing Address 3144 Country Lake Dr		Amount of Each Receipt this Period 100.00
City Powder Springs	State GA	Zip Code 30127
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Wellstar Health System	Occupation (for Individual) Senior Application Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cooney, Robert, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 30 / 2019 Transaction ID : SA11AI.42256
Mailing Address 1112 McLean Rd		Amount of Each Receipt this Period 50.00
City Mount Vernon	State WA	Zip Code 98273
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Sound Physicians	Occupation (for Individual) Physician	
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).....▶	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 13 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Cooney, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1112 McLean Rd

City Mount Vernon	State WA	Zip Code 98273
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Sound Physicians	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.42257

Amount of Each Receipt this Period
50.00

Memo Item

B. Cornelson, George, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 615 S Columbus Ave
B

City Glendale	State CA	Zip Code 91204
------------------	-------------	-------------------

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

Name of Employer (for Individual) Rosano Partners	Occupation (for Individual) Commercial Real Estate Agent
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2019

Transaction ID : SA11AI.42273

Amount of Each Receipt this Period
100.00

Memo Item

C. Cornelson, George, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 615 S Columbus Ave
B

City Glendale	State CA	Zip Code 91204
------------------	-------------	-------------------

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

Name of Employer (for Individual) Rosano Partners	Occupation (for Individual) Commercial Real Estate Agent
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2019

Transaction ID : SA11AI.42276

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cornelson, George, , ,		Date of Receipt
Mailing Address 615 S Columbus Ave B		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2019"/>
City Glendale	State CA	Zip Code 91204
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.42274
Name of Employer (for Individual) Rosano Partners		Amount of Each Receipt this Period
Occupation (for Individual) Commercial Real Estate Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
	<input type="text" value="400.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cornelson, George, , ,		Date of Receipt
Mailing Address 615 S Columbus Ave B		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2019"/>
City Glendale	State CA	Zip Code 91204
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.42277
Name of Employer (for Individual) Rosano Partners		Amount of Each Receipt this Period
Occupation (for Individual) Commercial Real Estate Agent		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
	<input type="text" value="450.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Crew, Rob, , ,		Date of Receipt
Mailing Address 146 Paseo Margarita		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2019"/>
City Vista	State CA	Zip Code 92084
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.42312
Name of Employer (for Individual) South pasadena		Amount of Each Receipt this Period
Occupation (for Individual) Firefighter		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
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 15 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Crew, Rob, , ,		Date of Receipt
Mailing Address 146 Paseo Margurita		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2019"/>
City Vista	State CA	Zip Code 92084
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.42313
Name of Employer (for Individual) South pasadena		Occupation (for Individual) Firefighter
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
	<input type="text" value="400.00"/>	<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crew, Rob, , ,		Date of Receipt
Mailing Address 146 Paseo Margurita		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2019"/>
City Vista	State CA	Zip Code 92084
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.42314
Name of Employer (for Individual) South pasadena		Occupation (for Individual) Firefighter
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
	<input type="text" value="500.00"/>	<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Diekmann, Josh, , ,		Date of Receipt
Mailing Address 1574 Hobart Ave		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2019"/>
City Akron	State OH	Zip Code 44306
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.42392
Name of Employer (for Individual) Automated Packaging Systems		Occupation (for Individual) Extruder Operator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
	<input type="text" value="250.00"/>	<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
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 16 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Diekmann, Josh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1574 Hobart Ave
 City Akron State OH Zip Code 44306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Automated Packaging Systems Occupation (for Individual) Extruder Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 27 / 2019**
Transaction ID : SA11AI.42393
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Duell, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 N 13th Ave
 City Kelso State WA Zip Code 98626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt **04 / 28 / 2019**
Transaction ID : SA11AI.42418
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Duell, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 N 13th Ave
 City Kelso State WA Zip Code 98626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt **05 / 10 / 2019**
Transaction ID : SA11AI.42425
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Duell, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 N 13th Ave
 City Kelso State WA Zip Code 98626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2019
Transaction ID : SA11AI.42419
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Duell, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 N 13th Ave
 City Kelso State WA Zip Code 98626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2019
Transaction ID : SA11AI.42426
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Duell, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 N 13th Ave
 City Kelso State WA Zip Code 98626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2019
Transaction ID : SA11AI.42420
 Amount of Each Receipt this Period 27.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 169
	<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. Eeg, Kurt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2240 E Stone Pointe Cir

City Sioux Falls	State SD	Zip Code 57108
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Sanford Health	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2019

Transaction ID : SA11AI.42447

Amount of Each Receipt this Period
50.00

Memo Item

B. Eeg, Kurt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2240 E Stone Pointe Cir

City Sioux Falls	State SD	Zip Code 57108
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Sanford Health	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2019

Transaction ID : SA11AI.42448

Amount of Each Receipt this Period
50.00

Memo Item

C. Ex, Caren, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3810 W Jarlath

City Lincolnwood	State IL	Zip Code 60712
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Carina, Inc	Occupation (for Individual) Social Worker
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2019

Transaction ID : SA11AI.42488

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 169
	<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. Ex, Caren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3810 W Jarlath
 City Lincolnwood State IL Zip Code 60712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carina, Inc Occupation (for Individual) Social Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.42489
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Feffer, Dean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 Bradley Ave
 City Delavan State WI Zip Code 53115-1923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2019
Transaction ID : SA11AI.42498
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ffolliott, Erica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18-74 Corneilia Street #2R
 City Ridgewood State NY Zip Code 11385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) Jeweler
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 01 / 2019
Transaction ID : SA11AI.42509
 Amount of Each Receipt this Period 400.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Flannery, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 Lisbon St Apt229
 City Lisbon State ME Zip Code 04250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bath Iron Works Occupation (for Individual) Marine Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2019
Transaction ID : SA11AI.42523
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Flannery, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 Lisbon St Apt229
 City Lisbon State ME Zip Code 04250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bath Iron Works Occupation (for Individual) Marine Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2019
Transaction ID : SA11AI.42524
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Garcia, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Dey St Loft 439
 City Jersey City State NJ Zip Code 07306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BFS Occupation (for Individual) Security
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2019
Transaction ID : SA11AI.42556
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Garcia, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Dey St
 Loft 439
 City Jersey City State NJ Zip Code 07306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BFS Occupation (for Individual) Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 04 / 2019**
Transaction ID : SA11AI.42557
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Garcia, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Dey St
 Loft 439
 City Jersey City State NJ Zip Code 07306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BFS Occupation (for Individual) Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 04 / 2019**
Transaction ID : SA11AI.42558
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Garcia, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Dey St
 Loft 439
 City Jersey City State NJ Zip Code 07306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BFS Occupation (for Individual) Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **06 / 04 / 2019**
Transaction ID : SA11AI.42559
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Greenway, Lumina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Camden Ct
 City Wakefield State RI Zip Code 02879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2019
Transaction ID : SA11AI.42615
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Greenway, Lumina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Camden Ct
 City Wakefield State RI Zip Code 02879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2019
Transaction ID : SA11AI.42616
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Harmon, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3853 Yellow Creek Rd w
 City Akron State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2019
Transaction ID : SA11AI.42687
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 169
	<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. Harmon, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3853 Yellow Creek Rd w
 City Akron State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 28 / 2019**
Transaction ID : SA11AI.42688
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. Harris, Carolynne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 12th PI N
 City Edmonds State WA Zip Code 98020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 26 / 2019**
Transaction ID : SA11AI.42693
 Amount of Each Receipt this Period **50.00**
 Memo Item

C. Harris, Carolynne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 12th PI N
 City Edmonds State WA Zip Code 98020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 26 / 2019**
Transaction ID : SA11AI.42694
 Amount of Each Receipt this Period **50.00**
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 OF 169
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Higgins, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42685 Boulden Ct
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 21 / 2019
Transaction ID : SA11AI.42742
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Higgins, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42685 Boulden Ct
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2019
Transaction ID : SA11AI.42743
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Higgins, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42685 Boulden Ct
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 21 / 2019
Transaction ID : SA11AI.42744
 Amount of Each Receipt this Period 25.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 25 OF 169
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Higgins, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42685 Boulden Ct
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 22 / 2019
Transaction ID : SA11AI.42745
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Hoffman, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 La Barbara Rd
 City Santa Fe State NM Zip Code 87505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Naturo Pathic Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 03 / 2019
Transaction ID : SA11AI.42755
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hoffman, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 La Barbara Rd
 City Santa Fe State NM Zip Code 87505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Naturo Pathic Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 03 / 2019
Transaction ID : SA11AI.42756
 Amount of Each Receipt this Period 100.00
 Memo Item

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 26 OF 169
	<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. Hoffman, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 La Barbara Rd
 City Santa Fe State NM Zip Code 87505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Naturo Pathic Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2019
Transaction ID : SA11AI.42757
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Hoffman, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 La Barbara Rd
 City Santa Fe State NM Zip Code 87505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Naturo Pathic Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2019
Transaction ID : SA11AI.42758
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. hoogwater, michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 321 E 18 St
 City tucson State AZ Zip Code 85701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 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
 03 / 14 / 2019
Transaction ID : SA11AI.42773
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. hoogwater, michael, , ,			Date of Receipt
Mailing Address 321 E 18 St			<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2019"/>
City tucson	State AZ	Zip Code 85701	Transaction ID : SA11Al.42774
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. hoogwater, michael, , ,			Date of Receipt
Mailing Address 321 E 18 St			<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2019"/>
City tucson	State AZ	Zip Code 85701	Transaction ID : SA11Al.42775
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. hoogwater, michael, , ,			Date of Receipt
Mailing Address 321 E 18 St			<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2019"/>
City tucson	State AZ	Zip Code 85701	Transaction ID : SA11Al.42776
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
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 28 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Ivanovic, Nick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1906 W 41st Street
 City Los Angeles State CA Zip Code 90062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SoCal Edison Occupation (for Individual) Electrician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2019
Transaction ID : SA11AI.42816
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Ivanovic, Nick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1906 W 41st Street
 City Los Angeles State CA Zip Code 90062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SoCal Edison Occupation (for Individual) Electrician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2019
Transaction ID : SA11AI.42817
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Jordan, Dorothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1745 Kendale Ave
 City Memphis State TN Zip Code 38114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nuvasive Inc Occupation (for Individual) Customer Service Rep
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2019
Transaction ID : SA11AI.42881
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Jordan, Dorothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1745 Kendale Ave
 City Memphis State TN Zip Code 38114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nuvasive Inc Occupation (for Individual) Customer Service Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 02 / 2019
Transaction ID : SA11AI.42882
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Jurecka, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6813 Maple Leaf Dr
 City Carlsbad State CA Zip Code 92011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blizzard Occupation (for Individual) Programmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2019
Transaction ID : SA11AI.42893
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Jurecka, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6813 Maple Leaf Dr
 City Carlsbad State CA Zip Code 92011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blizzard Occupation (for Individual) Programmer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 04 / 2019
Transaction ID : SA11AI.42894
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Jurecka, Jason, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6813 Maple Leaf Dr

City Carlsbad	State CA	Zip Code 92011
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2019

Transaction ID : SA11AI.42895

Amount of Each Receipt this Period
100.00

Memo Item

B. Jurecka, Jason, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6813 Maple Leaf Dr

City Carlsbad	State CA	Zip Code 92011
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2019

Transaction ID : SA11AI.42896

Amount of Each Receipt this Period
100.00

Memo Item

C. Keating, Carolyn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 502 Sloop Ct

City Toms River	State NJ	Zip Code 08753
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Ocean Medical Center	Occupation (for Individual) Registered Nurse
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2019

Transaction ID : SA11AI.42930

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Keating, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 502 Sloop Ct
 City Toms River State NJ Zip Code 08753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ocean Medical Center Occupation (for Individual) Registered Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 05 / 2019
Transaction ID : SA11AI.42931
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kemp, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 W Farnum Ave #214
 City Royal Oak State MI Zip Code 48067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Giffels Webster Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2019
Transaction ID : SA11AI.42942
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kemp, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 W Farnum Ave #214
 City Royal Oak State MI Zip Code 48067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Giffels Webster Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2019
Transaction ID : SA11AI.42943
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Khotoveli, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17600 N Bay Rd Apt 802
 City Sunny Isles State FL Zip Code 33160-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 09 / 2019
Transaction ID : SA11AI.42955
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Khotoveli, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17600 N Bay Rd Apt 802
 City Sunny Isles State FL Zip Code 33160-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 09 / 2019
Transaction ID : SA11AI.42956
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Klewein, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6118 Churchwood Ln
 City Greendale State WI Zip Code 53129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trisept Technology Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2019
Transaction ID : SA11AI.42966
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Kleewein, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6118 Churchwood Ln
 City Greendale State WI Zip Code 53129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Trisept Technology Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2019
Transaction ID : SA11AI.42967
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Krug, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4627 NE 17
 City Portland State OR Zip Code 97211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Ramada Inn houseman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2019
Transaction ID : SA11AI.43017
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Krzak, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 Main St
 City Avoca State PA Zip Code 18641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Tobyhanna Army Depot 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
 05 / 12 / 2019
Transaction ID : SA11AI.43022
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 34 OF 169
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Krzak, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 Main St
 City Avoca State PA Zip Code 18641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tobyhanna Army Depot Occupation (for Individual) Electronics Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 12 / 2019
Transaction ID : SA11AI.43023
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Lemme, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Occupation (for Individual) Communication Design
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2019
Transaction ID : SA11AI.43091
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Lemme, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Occupation (for Individual) Communication Design
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.43092
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 169
	(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. Manchester, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8201 NE 97th St
 City Kansas City State MO Zip Code 64157-7607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cerner Occupation (for Individual) Systems Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2019
Transaction ID : SA11AI.43154
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Manchester, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8201 NE 97th St
 City Kansas City State MO Zip Code 64157-7607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cerner Occupation (for Individual) Systems Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.43155
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Mann, Elye, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4600 Adeline St #120
 City Emeryville State CA Zip Code 94608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bright Power Occupation (for Individual) PV Designer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 02 / 2019
Transaction ID : SA11AI.43160
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mann, Elye, , ,		Date of Receipt MM / DD / YYYY 06 / 29 / 2019 Transaction ID : SA11AI.43161
Mailing Address 4600 Adeline St #120		Amount of Each Receipt this Period 51.69
City Emeryville	State CA	Zip Code 94608
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Bright Power	Occupation (for Individual) PV Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.69	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Masshardt, Eric, , ,		Date of Receipt MM / DD / YYYY 05 / 02 / 2019 Transaction ID : SA11AI.43188
Mailing Address 16870 Hughes Dr		Amount of Each Receipt this Period 250.00
City Mead	State CO	Zip Code 80542
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HireGenics	Occupation (for Individual) Linux Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Masshardt, Eric, , ,		Date of Receipt MM / DD / YYYY 06 / 01 / 2019 Transaction ID : SA11AI.43190
Mailing Address 16870 Hughes Dr		Amount of Each Receipt this Period 25.00
City Mead	State CO	Zip Code 80542
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HireGenics	Occupation (for Individual) Linux Administrator	
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).....	326.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 169
	(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. McDade, Mathew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 854 Arbor Rd Apt B

City Menlo Park	State CA	Zip Code 94025
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Stanford Hospital	Occupation (for Individual) Nurse
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2019

Transaction ID : SA11AI.43235

Amount of Each Receipt this Period
100.00

Memo Item

B. McDade, Mathew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 854 Arbor Rd Apt B

City Menlo Park	State CA	Zip Code 94025
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Stanford Hospital	Occupation (for Individual) Nurse
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2019

Transaction ID : SA11AI.43236

Amount of Each Receipt this Period
100.00

Memo Item

C. McDade, Mathew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 854 Arbor Rd Apt B

City Menlo Park	State CA	Zip Code 94025
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Stanford Hospital	Occupation (for Individual) Nurse
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2019

Transaction ID : SA11AI.43237

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McKerracher, Stephen, , ,		Date of Receipt MM / DD / YYYY 05 / 20 / 2019 Transaction ID : SA11AI.43258
Mailing Address 2826 Apache St		Amount of Each Receipt this Period 50.00
City Santa Rosa	State CA	Zip Code 95403
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Manly Hyundai	Occupation (for Individual) Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McKerracher, Stephen, , ,		Date of Receipt MM / DD / YYYY 06 / 20 / 2019 Transaction ID : SA11AI.43259
Mailing Address 2826 Apache St		Amount of Each Receipt this Period 50.00
City Santa Rosa	State CA	Zip Code 95403
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Manly Hyundai	Occupation (for Individual) Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Meleth, Sreelatha, , ,		Date of Receipt MM / DD / YYYY 05 / 09 / 2019 Transaction ID : SA11AI.43269
Mailing Address 4406 Chowningg Way		Amount of Each Receipt this Period 50.00
City Atlanta	State GA	Zip Code 30338
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) RTI International	Occupation (for Individual) Research Statistician	
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).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Meleth, Sreelatha, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4406 Chowning Way

City Atlanta	State GA	Zip Code 30338
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RTI International	Occupation (for Individual) Research Statistician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2019

Transaction ID : SA11AI.43270

Amount of Each Receipt this Period
50.00

Memo Item

B. Mendoza, Helen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1960 Glasco TP

City Woodstock	State NY	Zip Code 12498
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2019

Transaction ID : SA11AI.43281

Amount of Each Receipt this Period
50.00

Memo Item

C. Mendoza, Helen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1960 Glasco TP

City Woodstock	State NY	Zip Code 12498
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2019

Transaction ID : SA11AI.43282

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Moron, Sebastian, , ,		Date of Receipt MM / DD / YYYY 06 / 27 / 2019 Transaction ID : SA11AI.43322
Mailing Address 1202 Taylor St Apt B		Amount of Each Receipt this Period 40.00
City Beeville	State TX	Zip Code 78102
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) TLC Pharmacy	Occupation (for Individual) Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ohkami, Youki, , ,		Date of Receipt MM / DD / YYYY 05 / 29 / 2019 Transaction ID : SA11AI.43413
Mailing Address 910 Saratoga St Apt 19		Amount of Each Receipt this Period 50.00
City Boston	State MA	Zip Code 02128
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) State Street Corporation	Occupation (for Individual) Fund Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ohkami, Youki, , ,		Date of Receipt MM / DD / YYYY 06 / 29 / 2019 Transaction ID : SA11AI.43414
Mailing Address 910 Saratoga St Apt 19		Amount of Each Receipt this Period 50.00
City Boston	State MA	Zip Code 02128
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) State Street Corporation	Occupation (for Individual) Fund Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

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: (check only one)	PAGE 41 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Padua, Antonio, , ,		Date of Receipt MM / DD / YYYY 05 / 01 / 2019 Transaction ID : SA11AI.43440
Mailing Address 2600 Oak Road Ave #291		Amount of Each Receipt this Period 50.00
City Walnut Creek	State CA	Zip Code 94597
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Padua, Antonio, , ,		Date of Receipt MM / DD / YYYY 06 / 01 / 2019 Transaction ID : SA11AI.43441
Mailing Address 2600 Oak Road Ave #291		Amount of Each Receipt this Period 50.00
City Walnut Creek	State CA	Zip Code 94597
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Porter, Larry, , ,		Date of Receipt MM / DD / YYYY 02 / 22 / 2019 Transaction ID : SA11AI.43485
Mailing Address 10124SW 268th St (home) PO Box 193		Amount of Each Receipt this Period 300.00
City Vashon	State WA	Zip Code 98070-1937
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Rahman, Arif, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10959 Beinhorn Rd

City Houston	State TX	Zip Code 77024
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Radiology	Occupation (for Individual) Interventional Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2019

Transaction ID : SA11AI.43512

Amount of Each Receipt this Period
50.00

Memo Item

B. Rahman, Arif, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10959 Beinhorn Rd

City Houston	State TX	Zip Code 77024
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Radiology	Occupation (for Individual) Interventional Radiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2019

Transaction ID : SA11AI.43513

Amount of Each Receipt this Period
50.00

Memo Item

C. Richardson, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4120 Parklawn Ave #135

City Edina	State MN	Zip Code 55435
---------------	-------------	-------------------

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

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Tailor
--	---------------------------------------

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
01	/	27	/	2019

Transaction ID : SA11AI.43531

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Ricks, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4949 Oakdale Rd SE Apt. 914
 City Smyrna State GA Zip Code 30080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Macy's Systems and Technology Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2019
Transaction ID : SA11AI.43542
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Ricks, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4949 Oakdale Rd SE Apt. 914
 City Smyrna State GA Zip Code 30080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Macy's Systems and Technology Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 29 / 2019
Transaction ID : SA11AI.43543
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Rodriguez, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1948 S Sheridan Ave
 City Tacoma State WA Zip Code 98405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) vandePoel Productions Occupation (for Individual) DevOps Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2019
Transaction ID : SA11AI.43574
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rodriguez, Sean, , ,		Date of Receipt MM / DD / YYYY 04 / 02 / 2019 Transaction ID : SA11AI.43575
Mailing Address 1948 S Sheridan Ave		Amount of Each Receipt this Period 27.00
City Tacoma	State WA	Zip Code 98405
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) vandePoel Productions	Occupation (for Individual) DevOps Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Samuel, Michael, , ,		Date of Receipt MM / DD / YYYY 01 / 09 / 2019 Transaction ID : SA11AI.43639
Mailing Address 40 Cradle Rock Rd		Amount of Each Receipt this Period 2000.00
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Google, Inc.	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Samuel, Michael, , ,		Date of Receipt MM / DD / YYYY 02 / 09 / 2019 Transaction ID : SA11AI.43640
Mailing Address 40 Cradle Rock Rd		Amount of Each Receipt this Period 2000.00
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Google, Inc.	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional).....	4027.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Samuel, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Cradle Rock Rd
 City Princeton State NJ Zip Code 08540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google, Inc. Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt **03 / 09 / 2019**
Transaction ID : SA11AI.43641
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Samuel, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Cradle Rock Rd
 City Princeton State NJ Zip Code 08540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google, Inc. Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8000.00

Date of Receipt **04 / 09 / 2019**
Transaction ID : SA11AI.43642
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Samuel, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Cradle Rock Rd
 City Princeton State NJ Zip Code 08540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google, Inc. Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **05 / 09 / 2019**
Transaction ID : SA11AI.43643
 Amount of Each Receipt this Period 2000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 169
	<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. Samuel, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Cradle Rock Rd
 City Princeton State NJ Zip Code 08540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google, Inc. Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **12000.00**

Date of Receipt **06 / 09 / 2019**
Transaction ID : SA11AI.43644
 Amount of Each Receipt this Period **2000.00**
 Memo Item

B. Sanders, Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33762 Colegio Dr
 City Dana Point State CA Zip Code 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Physician Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 04 / 2019**
Transaction ID : SA11AI.43651
 Amount of Each Receipt this Period **50.00**
 Memo Item

C. Sanders, Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33762 Colegio Dr
 City Dana Point State CA Zip Code 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Physician Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 04 / 2019**
Transaction ID : SA11AI.43652
 Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **2100.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (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 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Schak, Jacob, , ,		Date of Receipt MM / DD / YYYY 05 / 09 / 2019 Transaction ID : SA11AI.43692
Mailing Address 3300 16th St NW Apt 810		Amount of Each Receipt this Period 50.00
City Washington	State DC	Zip Code 20010
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) U.S. Department of Education	Occupation (for Individual) Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Schak, Jacob, , ,		Date of Receipt MM / DD / YYYY 06 / 09 / 2019 Transaction ID : SA11AI.43693
Mailing Address 3300 16th St NW Apt 810		Amount of Each Receipt this Period 50.00
City Washington	State DC	Zip Code 20010
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) U.S. Department of Education	Occupation (for Individual) Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Seeta 2 Durga		Date of Receipt MM / DD / YYYY 05 / 11 / 2019 Transaction ID : SA11AI.41845
Mailing Address 4406 Chowning Way		Amount of Each Receipt this Period 50.00
City Atlanta	State GA	Zip Code 30338
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

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 48 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Seeta 2 Durga
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4406 Chowning Way
City Atlanta State GA Zip Code 30338
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 11 / 2019
Transaction ID : SA11AI.41846
Amount of Each Receipt this Period 50.00
 Memo Item

B. Sipman, Erik, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2271 Prairie View Road
City Decorah State IA Zip Code 52101-7860
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Tritech Software Systems Software Developer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2019
Transaction ID : SA11AI.43774
Amount of Each Receipt this Period 100.00
 Memo Item

C. Sipman, Erik, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2271 Prairie View Road
City Decorah State IA Zip Code 52101-7860
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Tritech Software Systems Software Developer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 27 / 2019
Transaction ID : SA11AI.43775
Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sipman, Erik, , ,		Date of Receipt
Mailing Address 2271 Prairie View Road		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2019"/>
City Decorah	State IA	Zip Code 52101-7860
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.43776
Name of Employer (for Individual) Tritech Software Systems		Occupation (for Individual) Software Developer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
	<input type="text" value="500.00"/>	<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sipman, Erik, , ,		Date of Receipt
Mailing Address 2271 Prairie View Road		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2019"/>
City Decorah	State IA	Zip Code 52101-7860
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.43777
Name of Employer (for Individual) Tritech Software Systems		Occupation (for Individual) Software Developer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
	<input type="text" value="600.00"/>	<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sloan, Adam, , ,		Date of Receipt
Mailing Address 36-34 Douglas Rd		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2019"/>
City Douglaston	State NY	Zip Code 11363
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.43785
Name of Employer (for Individual) Montefiore Medical Center		Occupation (for Individual) Engineering Supervisor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
	<input type="text" value="250.00"/>	<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
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 50 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sloan, Adam, , ,		Date of Receipt
Mailing Address 36-34 Douglas Rd		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2019"/>
City Douglaston	State NY	Zip Code 11363
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.43786
Name of Employer (for Individual) Montefiore Medical Center		Occupation (for Individual) Engineering Supervisor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith, Marcus, , ,		Date of Receipt
Mailing Address 8782 Applewood Dr		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2019"/>
City Rancho Cucamonga	State CA	Zip Code 91730
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.43800
Name of Employer (for Individual) Cox Automotive		Occupation (for Individual) Platform Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Smith, Marcus, , ,		Date of Receipt
Mailing Address 8782 Applewood Dr		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2019"/>
City Rancho Cucamonga	State CA	Zip Code 91730
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.43801
Name of Employer (for Individual) Cox Automotive		Occupation (for Individual) Platform Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
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 51 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Smith, Sara, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2215 Woodcrest Dr SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Tumwater School District	Occupation (for Individual) Teacher
---	--

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
03		25		2019

Transaction ID : SA11AI.43789

Amount of Each Receipt this Period
200.00

Memo Item

B. Smith, Sara, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2215 Woodcrest Dr SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Tumwater School District	Occupation (for Individual) Teacher
---	--

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
04		25		2019

Transaction ID : SA11AI.43790

Amount of Each Receipt this Period
200.00

Memo Item

C. Smith, Sara, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2215 Woodcrest Dr SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Tumwater School District	Occupation (for Individual) Teacher
---	--

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
05		25		2019

Transaction ID : SA11AI.43791

Amount of Each Receipt this Period
200.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Smith, Sara, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2215 Woodcrest Dr SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Tumwater School District	Occupation (for Individual) Teacher
---	--

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
06		25		2019

Transaction ID : SA11AI.43792

Amount of Each Receipt this Period
200.00

Memo Item

B. Solem, Rachael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Bacon St

City Wellesley	State MA	Zip Code 02482
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Irving House Corporation	Occupation (for Individual) Hotelier
---	---

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
01		17		2019

Transaction ID : SA11AI.43840

Amount of Each Receipt this Period
250.00

Memo Item

C. Solywoda, Pia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 708 Honua St

City Honolulu	State HI	Zip Code 96816
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2019

Transaction ID : SA11AI.43842

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 169
	<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. Spotz, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14320 Soula Dr NE
 City Albuquerque State NM Zip Code 87123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandia National Laboratories Occupation (for Individual) Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 31 / 2019**
Transaction ID : SA11AI.43856
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Spotz, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14320 Soula Dr NE
 City Albuquerque State NM Zip Code 87123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandia National Laboratories Occupation (for Individual) Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2019**
Transaction ID : SA11AI.43857
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Spotz, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14320 Soula Dr NE
 City Albuquerque State NM Zip Code 87123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandia National Laboratories Occupation (for Individual) Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 31 / 2019**
Transaction ID : SA11AI.43858
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Spotz, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14320 Soula Dr NE
 City Albuquerque State NM Zip Code 87123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandia National Laboratories Occupation (for Individual) Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.43859
 Amount of Each Receipt this Period 100.00
 Memo Item

B. tailor, kirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 412 Sandy Bay Ter
 City Rockport State MA Zip Code 01966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Darien Computer Occupation (for Individual) Computer Technician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 04 / 16 / 2019
Transaction ID : SA11AI.43900
 Amount of Each Receipt this Period 25.00
 Memo Item

C. tailor, kirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 412 Sandy Bay Ter
 City Rockport State MA Zip Code 01966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Darien Computer Occupation (for Individual) Computer Technician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 05 / 02 / 2019
Transaction ID : SA11AI.43895
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.00
TOTAL This Period (last page this line number 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 169
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
tailor, kirk, , ,

Mailing Address 412 Sandy Bay Ter

City Rockport State MA Zip Code 01966

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

Name of Employer (for Individual) Darien Computer Occupation (for Individual) Computer Technician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2019
Transaction ID : SA11AI.43901

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
tailor, kirk, , ,

Mailing Address 412 Sandy Bay Ter

City Rockport State MA Zip Code 01966

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

Name of Employer (for Individual) Darien Computer Occupation (for Individual) Computer Technician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
287.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2019
Transaction ID : SA11AI.43896

Amount of Each Receipt this Period
27.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
tailor, kirk, , ,

Mailing Address 412 Sandy Bay Ter

City Rockport State MA Zip Code 01966

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

Name of Employer (for Individual) Darien Computer Occupation (for Individual) Computer Technician

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2019
Transaction ID : SA11AI.43902

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 169
	(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. Waldschmitt, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6651 NW 48th St

City Johnston	State IA	Zip Code 50131
------------------	-------------	-------------------

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

Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2019

Transaction ID : SA11AI.44017

Amount of Each Receipt this Period
50.00

Memo Item

B. Waldschmitt, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6651 NW 48th St

City Johnston	State IA	Zip Code 50131
------------------	-------------	-------------------

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

Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.44018

Amount of Each Receipt this Period
50.00

Memo Item

C. Worden, Jason, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18160 Bancroft Ave

City Monte Sereno	State CA	Zip Code 95030
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Engineer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2019

Transaction ID : SA11AI.44094

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Worden, Jason, , ,		Date of Receipt MM / DD / YYYY 04 / 27 / 2019 Transaction ID : SA11AI.44095
Mailing Address 18160 Bancroft Ave		Amount of Each Receipt this Period 100.00
City Monte Sereno	State CA	Zip Code 95030
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Worden, Jason, , ,		Date of Receipt MM / DD / YYYY 05 / 27 / 2019 Transaction ID : SA11AI.44096
Mailing Address 18160 Bancroft Ave		Amount of Each Receipt this Period 100.00
City Monte Sereno	State CA	Zip Code 95030
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Worden, Jason, , ,		Date of Receipt MM / DD / YYYY 06 / 27 / 2019 Transaction ID : SA11AI.44097
Mailing Address 18160 Bancroft Ave		Amount of Each Receipt this Period 100.00
City Monte Sereno	State CA	Zip Code 95030
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

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 58 OF 169
<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. yao, eric, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17301 midsummer Ln

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2019

Transaction ID : SA11AI.44106

Amount of Each Receipt this Period
50.00

Memo Item

B. yao, eric, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17301 midsummer Ln

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2019

Transaction ID : SA11AI.44107

Amount of Each Receipt this Period
50.00

Memo Item

C. Zampedro, Val, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1752 Pine Tree St S
Apt. F

City Columbus	State OH	Zip Code 43229
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2019

Transaction ID : SA11AI.44120

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Zampedro, Val, , ,		Date of Receipt
Mailing Address 1752 Pine Tree St S Apt. F		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2019"/>
City Columbus	State OH	Zip Code 43229
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.44121
Name of Employer (for Individual) retired		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) retired		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zerilli, Damiano, , ,		Date of Receipt
Mailing Address 2749 Sunnynoll Ave		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2019"/>
City Berkley	State MI	Zip Code 48072
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.44124
Name of Employer (for Individual) Nikolas Motorsport		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Automotive Master Mechanic		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="24353.69"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 169
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. NCCI Holdings, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 901 Penninsula Corporate Circle
City Boca Raton State FL Zip Code 33487
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 454.00

Date of Receipt **02 / 13 / 2019**
Transaction ID : SA15.41811
Amount of Each Receipt this Period 454.00
 Memo Item

B. Wolf PAC Action Fund
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6230 Wilshire Blvd Numb 140
City Los Angeles State CA Zip Code 90048
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4380.81

Date of Receipt **06 / 28 / 2019**
Transaction ID : SA15.41818
Amount of Each Receipt this Period 4380.81
 Memo Item
Shared Payroll

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify)

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4834.81
TOTAL This Period (last page this line number only).....	4834.81

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 01 / 31 / 2019	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41793 Amount of Each Disbursement this Period 2795.95	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 02 / 28 / 2019	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41794 Amount of Each Disbursement this Period 2795.95	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 03 / 07 / 2019	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41514 Amount of Each Disbursement this Period 369.33	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Travel Reimbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

5961.23

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 03 / 26 / 2019	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41515 Amount of Each Disbursement this Period [REDACTED] 412.30	
City Warren	State RI	Zip Code 02885	Category/ Type [REDACTED]
Purpose of Disbursement Travel Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Hertz Rent-a-Car		Date of Disbursement MM / DD / YYYY 03 / 26 / 2019	
Mailing Address 550 O'Farrell Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41515 Amount of Each Disbursement this Period [REDACTED] 37.68	
City San Francisco	State CA	Zip Code 94102	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Budget Car Rental		Date of Disbursement MM / DD / YYYY 03 / 26 / 2019	
Mailing Address 6 Sylvan Way, #1		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41515 Amount of Each Disbursement this Period [REDACTED] 149.26	
City Parisippany	State NJ	Zip Code 07054	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 412.30
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 03 / 29 / 2019	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41795 Amount of Each Disbursement this Period 2795.95	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41796 Amount of Each Disbursement this Period 2795.95	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 05 / 30 / 2019	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41797 Amount of Each Disbursement this Period 2795.95	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

8387.85

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41798 Amount of Each Disbursement this Period 2795.95	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Administrative Business Services		Date of Disbursement MM / DD / YYYY 01 / 17 / 2019	
Mailing Address 5125 Stoney Meadows Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41330 Amount of Each Disbursement this Period 1626.00	
City District Heights	State MD	Zip Code 20747	Category/ Type
Purpose of Disbursement Accounting Services			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Administrative Business Services		Date of Disbursement MM / DD / YYYY 02 / 21 / 2019	
Mailing Address 5125 Stoney Meadows Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41331 Amount of Each Disbursement this Period 1525.00	
City District Heights	State MD	Zip Code 20747	Category/ Type
Purpose of Disbursement Accounting Services			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	5946.95
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Administrative Business Services

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 5125 Stoney Meadows Drive

M M M	/	D D D	/	Y Y Y Y Y
03		19		2019

City District Heights State MD Zip Code 20747

FEC Identification Number

Purpose of Disbursement
Accounting Services

C

Candidate Name

Category/Type

Transaction ID : SB21B.41332

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

1450.00

Memo Item

B. Administrative Business Services

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 5125 Stoney Meadows Drive

M M M	/	D D D	/	Y Y Y Y Y
04		23		2019

City District Heights State MD Zip Code 20747

FEC Identification Number

Purpose of Disbursement
Accounting Services

C

Candidate Name

Category/Type

Transaction ID : SB21B.41333

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

950.00

Memo Item

C. Administrative Business Services

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 5125 Stoney Meadows Drive

M M M	/	D D D	/	Y Y Y Y Y
05		20		2019

City District Heights State MD Zip Code 20747

FEC Identification Number

Purpose of Disbursement
Accounting Services

C

Candidate Name

Category/Type

Transaction ID : SB21B.41334

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

1050.00

Memo Item

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

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

3450.00

--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City District Heights State MD Zip Code 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 18 / 2019

FEC Identification Number

C

Transaction ID : SB21B.41335
Amount of Each Disbursement this Period

900.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 30 / 2019

FEC Identification Number

C

Transaction ID : SB21B.41757
Amount of Each Disbursement this Period

5099.49

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 30 / 2019

FEC Identification Number

C

Transaction ID : SB21B.41758
Amount of Each Disbursement this Period

90.20

Memo Item

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

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

6089.69

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41759

Amount of Each Disbursement this Period: 69.76

Memo Item

B. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41760

Amount of Each Disbursement this Period: 36.00

Memo Item

C. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41761

Amount of Each Disbursement this Period: 5073.04

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5178.80

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement MM / DD / YYYY 03 / 08 / 2019
Mailing Address 5800 Windward Parkway		FEC Identification Number C [] Transaction ID : SB21B.41762 Amount of Each Disbursement this Period [] 69.76
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement Payroll Services		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement MM / DD / YYYY 03 / 28 / 2019
Mailing Address 5800 Windward Parkway		FEC Identification Number C [] Transaction ID : SB21B.41764 Amount of Each Disbursement this Period [] 4990.94
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement Payroll Taxes		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 03 / 29 / 2019
Mailing Address 5800 Windward Parkway		FEC Identification Number C [] Transaction ID : SB21B.41765 Amount of Each Disbursement this Period [] 36.00
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement Payroll Services		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 5096.70
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. ADP			Date of Disbursement MM / DD / YYYY 04 / 05 / 2019	
Mailing Address 5800 Windward Parkway				
City Alpharetta		State GA	Zip Code 30005	
Purpose of Disbursement Payroll Services			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
			FEC Identification Number C Transaction ID : SB21B.41766 Amount of Each Disbursement this Period 69.76	
			<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ADP			Date of Disbursement MM / DD / YYYY 04 / 26 / 2019	
Mailing Address 5800 Windward Parkway				
City Alpharetta		State GA	Zip Code 30005	
Purpose of Disbursement Payroll Services			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
			FEC Identification Number C Transaction ID : SB21B.41767 Amount of Each Disbursement this Period 36.00	
			<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ADP			Date of Disbursement MM / DD / YYYY 04 / 30 / 2019	
Mailing Address 5800 Windward Parkway				
City Alpharetta		State GA	Zip Code 30005	
Purpose of Disbursement Payroll Taxes			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
			FEC Identification Number C Transaction ID : SB21B.41768 Amount of Each Disbursement this Period 4883.62	
			<input type="checkbox"/> Memo Item	

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

4989.38

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement MM / DD / YYYY 05 / 10 / 2019
Mailing Address 5800 Windward Parkway		FEC Identification Number C Transaction ID : SB21B.41770 Amount of Each Disbursement this Period 69.76
City Alpharetta	State GA	
Purpose of Disbursement Payroll Services	Zip Code 30005	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement MM / DD / YYYY 05 / 24 / 2019
Mailing Address 5800 Windward Parkway		FEC Identification Number C Transaction ID : SB21B.41771 Amount of Each Disbursement this Period 36.00
City Alpharetta	State GA	
Purpose of Disbursement Payroll Services	Zip Code 30005	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 05 / 30 / 2019
Mailing Address 5800 Windward Parkway		FEC Identification Number C Transaction ID : SB21B.41772 Amount of Each Disbursement this Period 4823.86
City Alpharetta	State GA	
Purpose of Disbursement Payroll Taxes	Zip Code 30005	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4929.62
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement MM / DD / YYYY 06 / 07 / 2019
Mailing Address 5800 Windward Parkway		FEC Identification Number C [] Transaction ID : SB21B.41773 Amount of Each Disbursement this Period [] 69.76
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement Payroll Services		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019
Mailing Address 5800 Windward Parkway		FEC Identification Number C [] Transaction ID : SB21B.41774 Amount of Each Disbursement this Period [] 36.00
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement Payroll Services		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019
Mailing Address 5800 Windward Parkway		FEC Identification Number C [] Transaction ID : SB21B.41775 Amount of Each Disbursement this Period [] 3747.52
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement Payroll Taxes		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3853.28
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. AirBNB

Mailing Address 888 Brannan Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41336
Amount of Each Disbursement this Period
782.97

Memo Item

Full Name (Last, First, Middle Initial)

B. Alaska Air

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

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
02 / 20 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41337
Amount of Each Disbursement this Period
299.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Alaska Air

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

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
02 / 26 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41338
Amount of Each Disbursement this Period
30.00

Memo Item

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

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

1111.97

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 03 / 07 / 2019
Mailing Address 275 Seventh Avenue		FEC Identification Number C [] Transaction ID : SB21B.41342 Amount of Each Disbursement this Period [] 864.99
City New York	State NY	Zip Code 10001
Purpose of Disbursement Credit Card Payment		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Fox Rent a Car		Date of Disbursement MM / DD / YYYY 03 / 07 / 2019
Mailing Address 3150 South 160th Street		FEC Identification Number C [] Transaction ID : SB21B.41342 Amount of Each Disbursement this Period [] 436.28
City Seattle	State WA	Zip Code 98188
Purpose of Disbursement Travel		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Priceline		Date of Disbursement MM / DD / YYYY 03 / 07 / 2019
Mailing Address 800 Connecticut Ave		FEC Identification Number C [] Transaction ID : SB21B.41342 Amount of Each Disbursement this Period [] 173.05
City Norwalk	State CT	Zip Code 06854
Purpose of Disbursement Travel		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 864.99
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Hertz Rent-a-Car		Date of Disbursement MM / DD / YYYY 03 / 07 / 2019
Mailing Address 550 O'Farrell Street		FEC Identification Number C Transaction ID : SB21B.41342 Amount of Each Disbursement this Period 147.48
City San Francisco	State CA	
Purpose of Disbursement Travel	Zip Code 94102	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 03 / 07 / 2019
Mailing Address 275 Seventh Avenue		FEC Identification Number C Transaction ID : SB21B.41342 Amount of Each Disbursement this Period 35.00
City New York	State NY	
Purpose of Disbursement Bank Service Charges	Zip Code 10001	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 03 / 26 / 2019
Mailing Address 275 Seventh Avenue		FEC Identification Number C Transaction ID : SB21B.41342 Amount of Each Disbursement this Period 396.17
City New York	State NY	
Purpose of Disbursement Credit Card Payment	Zip Code 10001	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item

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

396.17

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 03 / 26 / 2019
Mailing Address 275 Seventh Avenue		FEC Identification Number C [] Transaction ID : SB21B.41343 Amount of Each Disbursement this Period [] 9.99
City New York	State NY	Zip Code 10001
Purpose of Disbursement Bank Charges		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Dollar Rent a Car		Date of Disbursement MM / DD / YYYY 03 / 26 / 2019
Mailing Address 9105 NE Airport Way		FEC Identification Number C [] Transaction ID : SB21B.41343 Amount of Each Disbursement this Period [] 241.01
City Portland	State OR	Zip Code 97220
Purpose of Disbursement Travel		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 06 / 27 / 2019
Mailing Address 275 Seventh Avenue		FEC Identification Number C [] Transaction ID : SB21B.41343 Amount of Each Disbursement this Period [] 300.62
City New York	State NY	Zip Code 10001
Purpose of Disbursement Credit Card Payment		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 300.62
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 02 / 04 / 2019
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [] Transaction ID : SB21B.41346 Amount of Each Disbursement this Period [] 128.30
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 02 / 05 / 2019
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [] Transaction ID : SB21B.41347 Amount of Each Disbursement this Period [] 30.00
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 02 / 13 / 2019
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [] Transaction ID : SB21B.41348 Amount of Each Disbursement this Period [] 237.00
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 395.30
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"/> 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

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
02 / 19 / 2019

FEC Identification Number

C
Transaction ID : **SB21B.41349**
Amount of Each Disbursement this Period
599.67

Memo Item

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
02 / 21 / 2019

FEC Identification Number

C
Transaction ID : **SB21B.41351**
Amount of Each Disbursement this Period
30.00

Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2019

FEC Identification Number

C
Transaction ID : **SB21B.41352**
Amount of Each Disbursement this Period
373.30

Memo Item

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

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

1002.97

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 04 / 12 / 2019	
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [] Transaction ID : SB21B.41353 Amount of Each Disbursement this Period [] 30.00	
City DFW Airport	State TX	Zip Code 75261	Category/ Type []
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 04 / 26 / 2019	
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [] Transaction ID : SB21B.41354 Amount of Each Disbursement this Period [] 224.30	
City DFW Airport	State TX	Zip Code 75261	Category/ Type []
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 30 / 2019	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.41355 Amount of Each Disbursement this Period [] 8221.77	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 8476.07
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Chiramberro, Stephanie, , ,		Date of Disbursement MM / DD / YYYY 01 / 28 / 2019	
Mailing Address 971 Glenview Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41639 Amount of Each Disbursement this Period [REDACTED] 1000.00	
City San Bruno	State CA	Zip Code 94066	Category/ Type [REDACTED]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Continental National American Group		Date of Disbursement MM / DD / YYYY 03 / 07 / 2019	
Mailing Address 333 South Wabash Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41370 Amount of Each Disbursement this Period [REDACTED] 1043.00	
City Chicago	State IL	Zip Code 60604	Category/ Type [REDACTED]
Purpose of Disbursement Insurance		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement MM / DD / YYYY 01 / 22 / 2019	
Mailing Address P. O. Box 20706		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41378 Amount of Each Disbursement this Period [REDACTED] 193.30	
City Atlanta	State GA	Zip Code 30320	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

2236.30

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Delta Airlines

Date of Disbursement
MM / DD / YYYY
01 / 30 / 2019

Mailing Address P. O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement Travel

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.41379**
Amount of Each Disbursement this Period
236.30

Memo Item

Full Name (Last, First, Middle Initial)
B. Delta Airlines

Date of Disbursement
MM / DD / YYYY
01 / 31 / 2019

Mailing Address P. O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement Travel

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.41380**
Amount of Each Disbursement this Period
59.30

Memo Item

Full Name (Last, First, Middle Initial)
C. Delta Airlines

Date of Disbursement
MM / DD / YYYY
02 / 05 / 2019

Mailing Address P. O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement Travel

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.41381**
Amount of Each Disbursement this Period
228.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 523.90

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement MM / DD / YYYY 02 / 06 / 2019
Mailing Address P. O. Box 20706		FEC Identification Number C Transaction ID : SB21B.41382 Amount of Each Disbursement this Period 228.30
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019
Mailing Address P. O. Box 20706		FEC Identification Number C Transaction ID : SB21B.41383 Amount of Each Disbursement this Period 30.00
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement MM / DD / YYYY 03 / 11 / 2019
Mailing Address P. O. Box 20706		FEC Identification Number C Transaction ID : SB21B.41384 Amount of Each Disbursement this Period 207.00
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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"/> 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		Date of Disbursement MM / DD / YYYY 03 / 12 / 2019
Mailing Address P. O. Box 20706		FEC Identification Number C Transaction ID : SB21B.41385 Amount of Each Disbursement this Period 388.00
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement MM / DD / YYYY 03 / 18 / 2019
Mailing Address P. O. Box 20706		FEC Identification Number C Transaction ID : SB21B.41386 Amount of Each Disbursement this Period 299.00
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement MM / DD / YYYY 06 / 17 / 2019
Mailing Address P. O. Box 20706		FEC Identification Number C Transaction ID : SB21B.41387 Amount of Each Disbursement this Period 222.00
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

909.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41402
Amount of Each Disbursement this Period
75.63

Memo Item

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41403
Amount of Each Disbursement this Period
75.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41404
Amount of Each Disbursement this Period
125.00

Memo Item

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

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

275.63

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41405
Amount of Each Disbursement this Period
54.99

Memo Item

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41406
Amount of Each Disbursement this Period
125.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41407
Amount of Each Disbursement this Period
175.00

Memo Item

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

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

354.99

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement MM / DD / YYYY 03 / 08 / 2019	
Mailing Address 1601 Willow Road		FEC Identification Number C [] Transaction ID : SB21B.41408 Amount of Each Disbursement this Period [] 250.00	
City Menlo Park	State CA	Zip Code 94025	Category/ Type []
Purpose of Disbursement Internet Advertising		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 03 / 11 / 2019	
Mailing Address 1601 Willow Road		FEC Identification Number C [] Transaction ID : SB21B.41409 Amount of Each Disbursement this Period [] 400.00	
City Menlo Park	State CA	Zip Code 94025	Category/ Type []
Purpose of Disbursement Internet Advertising		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Facebook		Date of Disbursement MM / DD / YYYY 03 / 12 / 2019	
Mailing Address 1601 Willow Road		FEC Identification Number C [] Transaction ID : SB21B.41411 Amount of Each Disbursement this Period [] 600.00	
City Menlo Park	State CA	Zip Code 94025	Category/ Type []
Purpose of Disbursement Internet Advertising		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1250.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41411
Amount of Each Disbursement this Period
900.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41412
Amount of Each Disbursement this Period
114.01

Memo Item

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41413
Amount of Each Disbursement this Period
900.00

Memo Item

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

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

1914.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Facebook

Date of Disbursement: MM / DD / YYYY
04 / 10 / 2019

Mailing Address: 1601 Willow Road

City: Menlo Park State: CA Zip Code: 94025

Purpose of Disbursement: Internet Advertising

Candidate Name: _____

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

State: _____ District: _____

FEC Identification Number: C _____
Transaction ID : SB21B.41414
Amount of Each Disbursement this Period: 900.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Facebook

Date of Disbursement: MM / DD / YYYY
04 / 22 / 2019

Mailing Address: 1601 Willow Road

City: Menlo Park State: CA Zip Code: 94025

Purpose of Disbursement: Internet Advertising

Candidate Name: _____

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

State: _____ District: _____

FEC Identification Number: C _____
Transaction ID : SB21B.41415
Amount of Each Disbursement this Period: 337.84

Memo Item

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

Date of Disbursement: MM / DD / YYYY
05 / 01 / 2019

Mailing Address: 1601 Willow Road

City: Menlo Park State: CA Zip Code: 94025

Purpose of Disbursement: Internet Advertising

Candidate Name: _____

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

State: _____ District: _____

FEC Identification Number: C _____
Transaction ID : SB21B.41416
Amount of Each Disbursement this Period: 33.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1270.86

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement MM / DD / YYYY 05 / 21 / 2019
Mailing Address 1601 Willow Road		FEC Identification Number C [] Transaction ID : SB21B.41417 Amount of Each Disbursement this Period [] 399.98
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Internet Advertising		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 06 / 03 / 2019
Mailing Address 1601 Willow Road		FEC Identification Number C [] Transaction ID : SB21B.41418 Amount of Each Disbursement this Period [] 66.98
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Internet Advertising		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Facebook		Date of Disbursement MM / DD / YYYY 06 / 21 / 2019
Mailing Address 1601 Willow Road		FEC Identification Number C [] Transaction ID : SB21B.41419 Amount of Each Disbursement this Period [] 210.00
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Internet Advertising		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 676.96
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Fedex Office		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.41428 Amount of Each Disbursement this Period [] 77.19
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Fedex Office		Date of Disbursement MM / DD / YYYY 02 / 19 / 2019
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.41429 Amount of Each Disbursement this Period [] 69.36
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Fedex Office		Date of Disbursement MM / DD / YYYY 02 / 21 / 2019
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.4143t Amount of Each Disbursement this Period [] 470.45
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 617.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Fedex Office		Date of Disbursement MM / DD / YYYY 02 / 22 / 2019	
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.41431 Amount of Each Disbursement this Period [] 91.46	
City San Francisco	State CA	Zip Code 94103	Category/ Type []
Purpose of Disbursement Printing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Fedex Office		Date of Disbursement MM / DD / YYYY 02 / 25 / 2019	
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.41432 Amount of Each Disbursement this Period [] 168.54	
City San Francisco	State CA	Zip Code 94103	Category/ Type []
Purpose of Disbursement Printing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Fedex Office		Date of Disbursement MM / DD / YYYY 03 / 04 / 2019	
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.41433 Amount of Each Disbursement this Period [] 67.72	
City San Francisco	State CA	Zip Code 94103	Category/ Type []
Purpose of Disbursement Printing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 327.72
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Fedex Office		Date of Disbursement MM / DD / YYYY 03 / 05 / 2019
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.41423 Amount of Each Disbursement this Period [] 75.10
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Fedex Office		Date of Disbursement MM / DD / YYYY 03 / 05 / 2019
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.41425 Amount of Each Disbursement this Period [] 91.16
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Fedex Office		Date of Disbursement MM / DD / YYYY 03 / 05 / 2019
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.41431 Amount of Each Disbursement this Period [] 24.50
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[] 190.76

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Fedex Office		Date of Disbursement MM / DD / YYYY 03 / 13 / 2019
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.41424 Amount of Each Disbursement this Period [] 94.58
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Fedex Office		Date of Disbursement MM / DD / YYYY 03 / 14 / 2019
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.41437 Amount of Each Disbursement this Period [] 7.62
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Fedex Office		Date of Disbursement MM / DD / YYYY 04 / 08 / 2019
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.41438 Amount of Each Disbursement this Period [] 4.71
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 106.91
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Fedex Office		Date of Disbursement MM / DD / YYYY 05 / 14 / 2019
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.41422 Amount of Each Disbursement this Period [] 24.30
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Fedex Office		Date of Disbursement MM / DD / YYYY 06 / 24 / 2019
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.41439 Amount of Each Disbursement this Period [] 22.12
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Ffolliott, Erica, , ,		Date of Disbursement MM / DD / YYYY 05 / 15 / 2019
Mailing Address 18-74 Corneilia Street #2R		FEC Identification Number C [] Transaction ID : SB21B.41395 Amount of Each Disbursement this Period [] 509.32
City Ridgewood	State NY	Zip Code 11385
Purpose of Disbursement Reimbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[] 555.74

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Goldman, Rena, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 738 S. Plymouth Blvd.
Apt F

City Los Angeles State CA Zip Code 90005

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41599

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Goldman, Rena, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 738 S. Plymouth Blvd.
Apt F

City Los Angeles State CA Zip Code 90005

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 27 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41600

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Goldman, Rena, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 738 S. Plymouth Blvd.
Apt F

City Los Angeles State CA Zip Code 90005

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41601

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Goldman, Rena, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 738 S. Plymouth Blvd.
Apt F

City Los Angeles State CA Zip Code 90005

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41602

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Goldman, Rena, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 738 S. Plymouth Blvd.
Apt F

City Los Angeles State CA Zip Code 90005

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41603

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Google

Full Name (Last, First, Middle Initial)

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
02 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41446

Amount of Each Disbursement this Period: 120.00

Memo Item

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

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

2120.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 02 / 21 / 2019
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [] Transaction ID : SB21B.41447 Amount of Each Disbursement this Period [] 99.99
City Mountain View	State CA	
Purpose of Disbursement Web Advertising	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type []	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement MM / DD / YYYY 03 / 01 / 2019
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [] Transaction ID : SB21B.41448 Amount of Each Disbursement this Period [] 120.00
City Mountain View	State CA	
Purpose of Disbursement Web Advertising	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type []	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Google		Date of Disbursement MM / DD / YYYY 04 / 02 / 2019
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [] Transaction ID : SB21B.41451 Amount of Each Disbursement this Period [] 123.37
City Mountain View	State CA	
Purpose of Disbursement Web Advertising	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type []	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 343.36
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 04 / 19 / 2019
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.41452 Amount of Each Disbursement this Period 1.99
City Mountain View	State CA	
Zip Code 94043		Memo Item <input type="checkbox"/>
Purpose of Disbursement Web Advertising	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement MM / DD / YYYY 04 / 22 / 2019
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.41453 Amount of Each Disbursement this Period 17.44
City Mountain View	State CA	
Zip Code 94043		Memo Item <input type="checkbox"/>
Purpose of Disbursement Web Advertising	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Google		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.41454 Amount of Each Disbursement this Period 149.16
City Mountain View	State CA	
Zip Code 94043		Memo Item <input type="checkbox"/>
Purpose of Disbursement Web Advertising	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	168.59
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 05 / 20 / 2019
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.41455 Amount of Each Disbursement this Period 489.98
City Mountain View	State CA	
Purpose of Disbursement Web Advertising	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement MM / DD / YYYY 06 / 03 / 2019
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.41456 Amount of Each Disbursement this Period 151.54
City Mountain View	State CA	
Purpose of Disbursement Web Advertising	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Google		Date of Disbursement MM / DD / YYYY 06 / 19 / 2019
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.41457 Amount of Each Disbursement this Period 1.99
City Mountain View	State CA	
Purpose of Disbursement Web Advertising	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	643.51
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Greyhound Lines		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019
Mailing Address 420 Richards Blvd		FEC Identification Number C [] Transaction ID : SB21B.41464 Amount of Each Disbursement this Period [] 194.50
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement Travel		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Greyhound Lines		Date of Disbursement MM / DD / YYYY 05 / 03 / 2019
Mailing Address 420 Richards Blvd		FEC Identification Number C [] Transaction ID : SB21B.41465 Amount of Each Disbursement this Period [] 56.00
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement Travel		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Greyhound Lines		Date of Disbursement MM / DD / YYYY 05 / 06 / 2019
Mailing Address 420 Richards Blvd		FEC Identification Number C [] Transaction ID : SB21B.41466 Amount of Each Disbursement this Period [] 40.50
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement Travel		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 291.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Greyhound Lines		Date of Disbursement MM / DD / YYYY 05 / 08 / 2019
Mailing Address 420 Richards Blvd		FEC Identification Number C [] Transaction ID : SB21B.41467 Amount of Each Disbursement this Period [] 35.50
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement Travel		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Greyhound Lines		Date of Disbursement MM / DD / YYYY 05 / 10 / 2019
Mailing Address 420 Richards Blvd		FEC Identification Number C [] Transaction ID : SB21B.41468 Amount of Each Disbursement this Period [] 34.50
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement Travel		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Guy, Grant, , ,		Date of Disbursement MM / DD / YYYY 02 / 25 / 2019
Mailing Address 461 September Road		FEC Identification Number C [] Transaction ID : SB21B.41458 Amount of Each Disbursement this Period [] 2000.00
City Colorado Springs	State CO	Zip Code 80926
Purpose of Disbursement Strategic Consulting		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[] 2070.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Guy, Grant, , ,		Date of Disbursement MM / DD / YYYY 02 / 27 / 2019	
Mailing Address 461 September Road			
City Colorado Springs	State CO	Zip Code 80926	
Purpose of Disbursement Strategic Consulting		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 2000.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Guy, Grant, , ,		Date of Disbursement MM / DD / YYYY 03 / 29 / 2019	
Mailing Address 461 September Road			
City Colorado Springs	State CO	Zip Code 80926	
Purpose of Disbursement Strategic Consulting		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 2000.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Guy, Grant, , ,		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019	
Mailing Address 461 September Road			
City Colorado Springs	State CO	Zip Code 80926	
Purpose of Disbursement Strategic Consulting		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 2000.00	
		<input type="checkbox"/> Memo Item	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Guy, Grant, , ,		Date of Disbursement MM / DD / YYYY 05 / 30 / 2019	
Mailing Address 461 September Road			
City Colorado Springs	State CO	Zip Code 80926	
Purpose of Disbursement Strategic Consulting		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 2000.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Guy, Grant, , ,		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019	
Mailing Address 461 September Road			
City Colorado Springs	State CO	Zip Code 80926	
Purpose of Disbursement Strategic Consulting		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 2000.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Hansen, Shawnkar Krisjof, , ,		Date of Disbursement MM / DD / YYYY 02 / 25 / 2019	
Mailing Address 4849 El Cemonte Avenue			
City Davis	State CA	Zip Code 95618	
Purpose of Disbursement Strategic Consulting		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 450.00	
		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4450.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Hansen, Shawnkar Krisjof, , ,		Date of Disbursement MM / DD / YYYY 02 / 27 / 2019	
Mailing Address 4849 El Cemonte Avenue		FEC Identification Number C [] Transaction ID : SB21B.41705 Amount of Each Disbursement this Period [] 450.00	
City Davis	State CA	Zip Code 95618	Category/ Type []
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Hansen, Shawnkar Krisjof, , ,		Date of Disbursement MM / DD / YYYY 03 / 29 / 2019	
Mailing Address 4849 El Cemonte Avenue		FEC Identification Number C [] Transaction ID : SB21B.41706 Amount of Each Disbursement this Period [] 450.00	
City Davis	State CA	Zip Code 95618	Category/ Type []
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Hansen, Shawnkar Krisjof, , ,		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019	
Mailing Address 4849 El Cemonte Avenue		FEC Identification Number C [] Transaction ID : SB21B.41707 Amount of Each Disbursement this Period [] 450.00	
City Davis	State CA	Zip Code 95618	Category/ Type []
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1350.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Hansen, Shawnkar Krisjof, , ,		Date of Disbursement MM / DD / YYYY 05 / 30 / 2019	
Mailing Address 4849 El Cemonte Avenue			
City Davis	State CA	Zip Code 95618	
Purpose of Disbursement Strategic Consulting		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	FEC Identification Number C Transaction ID : SB21B.41708 Amount of Each Disbursement this Period 450.00		
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B. Hansen, Shawnkar Krisjof, , ,		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019	
Mailing Address 4849 El Cemonte Avenue			
City Davis	State CA	Zip Code 95618	
Purpose of Disbursement Strategic Consulting		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	FEC Identification Number C Transaction ID : SB21B.41709 Amount of Each Disbursement this Period 450.00		
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. Hartson, Alison, , ,		Date of Disbursement MM / DD / YYYY 01 / 31 / 2019	
Mailing Address 16599 Sequoia St			
City Fountain Valley	State CA	Zip Code 92708	
Purpose of Disbursement Payroll		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	FEC Identification Number C Transaction ID : SB21B.41776 Amount of Each Disbursement this Period 2077.16		
<input type="checkbox"/> Memo Item			

SUBTOTAL of Disbursements This Page (optional).....▶	2977.16
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address 16599 Sequoia St

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) ▼

Date of Disbursement: MM / DD / YYYY
02 / 28 / 2019

FEC Identification Number: C
Transaction ID : SB21B.41777
Amount of Each Disbursement this Period: 2077.16

Memo Item

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

Mailing Address 16599 Sequoia St

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) ▼

Date of Disbursement: MM / DD / YYYY
03 / 29 / 2019

FEC Identification Number: C
Transaction ID : SB21B.41778
Amount of Each Disbursement this Period: 2077.16

Memo Item

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

Mailing Address 16599 Sequoia St

City Fountain Valley State CA Zip Code 92708

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 08 / 2019

FEC Identification Number: C
Transaction ID : SB21B.41344
Amount of Each Disbursement this Period: 201.67

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4355.99

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Hawaiian Airlines

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30008

City Honolulu State HI Zip Code 96820

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41340

Amount of Each Disbursement this Period: 30.00

Memo Item

B. United Airlines

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41340

Amount of Each Disbursement this Period: 30.00

Memo Item

C. American Airlines

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41340

Amount of Each Disbursement this Period: 30.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Hartson, Alison, , ,		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019
Mailing Address 16599 Sequoia St		FEC Identification Number C [] Transaction ID : SB21B.41779 Amount of Each Disbursement this Period [] 2077.16
City Fountain Valley	State CA	Zip Code 92708
Purpose of Disbursement Payroll		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Hartson, Alison, , ,		Date of Disbursement MM / DD / YYYY 05 / 30 / 2019
Mailing Address 16599 Sequoia St		FEC Identification Number C [] Transaction ID : SB21B.41780 Amount of Each Disbursement this Period [] 2077.16
City Fountain Valley	State CA	Zip Code 92708
Purpose of Disbursement Payroll		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Hartson, Alison, , ,		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019
Mailing Address 16599 Sequoia St		FEC Identification Number C [] Transaction ID : SB21B.41781 Amount of Each Disbursement this Period [] 2077.16
City Fountain Valley	State CA	Zip Code 92708
Purpose of Disbursement Payroll		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 6231.48
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Hawaiian Airlines		Date of Disbursement MM / DD / YYYY 02 / 19 / 2019
Mailing Address PO Box 30008		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41471 Amount of Each Disbursement this Period [REDACTED] 347.60
City Honolulu	State HI	Zip Code 96820
Purpose of Disbursement Travel		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Hilton Boston Back Bay		Date of Disbursement MM / DD / YYYY 05 / 24 / 2019
Mailing Address 40 Dalton Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41473 Amount of Each Disbursement this Period [REDACTED] 277.50
City Boston	State MA	Zip Code 02115
Purpose of Disbursement Travel		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Hotwire		Date of Disbursement MM / DD / YYYY 01 / 22 / 2019
Mailing Address 655 Montgomery Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41477 Amount of Each Disbursement this Period [REDACTED] 66.29
City San Francisco	State CA	Zip Code 94111
Purpose of Disbursement Travel		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 691.39

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41478
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41479
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41481
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2019

FEC Identification Number

C

Transaction ID : SB21B.41481
Amount of Each Disbursement this Period

157.91

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2019

FEC Identification Number

C

Transaction ID : SB21B.41482
Amount of Each Disbursement this Period

79.91

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2019

FEC Identification Number

C

Transaction ID : SB21B.41483
Amount of Each Disbursement this Period

283.66

Memo Item

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

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

521.48

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41484
Amount of Each Disbursement this Period
175.06

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41485
Amount of Each Disbursement this Period
94.71

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41486
Amount of Each Disbursement this Period
164.33

Memo Item

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

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

434.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41487
Amount of Each Disbursement this Period
79.39

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41488
Amount of Each Disbursement this Period
82.72

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41488
Amount of Each Disbursement this Period
79.90

Memo Item

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

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

242.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Hotwire

Full Name (Last, First, Middle Initial)

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 04 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41490

Amount of Each Disbursement this Period: 1089.49

Memo Item

B. Hotwire

Full Name (Last, First, Middle Initial)

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41491

Amount of Each Disbursement this Period: 76.77

Memo Item

C. Hotwire

Full Name (Last, First, Middle Initial)

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41492

Amount of Each Disbursement this Period: 76.77

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1243.03

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41493
Amount of Each Disbursement this Period
76.77

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41494
Amount of Each Disbursement this Period
377.37

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41495
Amount of Each Disbursement this Period
333.31

Memo Item

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

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

787.45

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41496
Amount of Each Disbursement this Period
322.87

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41497
Amount of Each Disbursement this Period
146.58

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41498
Amount of Each Disbursement this Period
382.36

Memo Item

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

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

851.81

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41499
Amount of Each Disbursement this Period
73.12

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41500
Amount of Each Disbursement this Period
85.44

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41501
Amount of Each Disbursement this Period
70.15

Memo Item

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

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

228.71

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41502
Amount of Each Disbursement this Period
86.29

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41503
Amount of Each Disbursement this Period
89.80

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41507
Amount of Each Disbursement this Period
81.25

Memo Item

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

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

257.34

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41504
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41505
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41506
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Jagger, Todd, , ,		Date of Disbursement MM / DD / YYYY 01 / 06 / 2019
Mailing Address PO Box 2089 2089		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41651 Amount of Each Disbursement this Period 882.85
City Fort Davis	State TX	Zip Code 79734
Purpose of Disbursement Reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 01 / 06 / 2019
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41651 Amount of Each Disbursement this Period 395.60
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Doubletree Salt Lake City		Date of Disbursement MM / DD / YYYY 01 / 06 / 2019
Mailing Address 110 W 600 S		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41651 Amount of Each Disbursement this Period 487.25
City Salt Lake City	State UT	Zip Code 84101
Purpose of Disbursement Lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

882.85
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. JetBlue		Date of Disbursement MM / DD / YYYY 03 / 18 / 2019	
Mailing Address 2701 Queens Plz N		FEC Identification Number C [] Transaction ID : SB21B.41511 Amount of Each Disbursement this Period [] 358.60	
City Long Island City	State NY	Zip Code 11101	Category/ Type []
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. JetBlue		Date of Disbursement MM / DD / YYYY 06 / 17 / 2019	
Mailing Address 2701 Queens Plz N		FEC Identification Number C [] Transaction ID : SB21B.41512 Amount of Each Disbursement this Period [] 450.90	
City Long Island City	State NY	Zip Code 11101	Category/ Type []
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. JetBlue		Date of Disbursement MM / DD / YYYY 06 / 21 / 2019	
Mailing Address 2701 Queens Plz N		FEC Identification Number C [] Transaction ID : SB21B.41513 Amount of Each Disbursement this Period [] 30.00	
City Long Island City	State NY	Zip Code 11101	Category/ Type []
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶	[] 839.50
TOTAL This Period (last page this line number only)..... ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Legislative Counsel Bureau NV		Date of Disbursement MM / DD / YYYY 02 / 21 / 2019
Mailing Address 401 S Carson Street		FEC Identification Number C [] Transaction ID : SB21B.41523 Amount of Each Disbursement this Period [] 300.00
City Carson City	State NV	Zip Code 89701
Purpose of Disbursement Filing Fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Legislative Counsel Bureau NV		Date of Disbursement MM / DD / YYYY 03 / 05 / 2019
Mailing Address 401 S Carson Street		FEC Identification Number C [] Transaction ID : SB21B.41523 Amount of Each Disbursement this Period [] 300.00
City Carson City	State NV	Zip Code 89701
Purpose of Disbursement Filing Fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Legislative Counsel Bureau NV		Date of Disbursement MM / DD / YYYY 04 / 22 / 2019
Mailing Address 401 S Carson Street		FEC Identification Number C [] Transaction ID : SB21B.41523 Amount of Each Disbursement this Period [] 10.00
City Carson City	State NV	Zip Code 89701
Purpose of Disbursement Filing Fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 610.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Legislative Counsel Bureau NV		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019
Mailing Address 401 S Carson Street		FEC Identification Number C [] Transaction ID : SB21B.41527 Amount of Each Disbursement this Period [] 200.00
City Carson City	State NV	Zip Code 89701
Purpose of Disbursement Filing Fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Legislative Counsel Bureau NV		Date of Disbursement MM / DD / YYYY 05 / 13 / 2019
Mailing Address 401 S Carson Street		FEC Identification Number C [] Transaction ID : SB21B.41528 Amount of Each Disbursement this Period [] 10.00
City Carson City	State NV	Zip Code 89701
Purpose of Disbursement Filing Fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Lemay, Bryant, , ,		Date of Disbursement MM / DD / YYYY 01 / 31 / 2019
Mailing Address 13 Dryden Blvd		FEC Identification Number C [] Transaction ID : SB21B.41782 Amount of Each Disbursement this Period [] 2783.79
City Warwick	State RI	Zip Code 02888
Purpose of Disbursement Payroll		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2993.79
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Lemay, Bryant, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 13 Dryden Blvd

City Warwick State RI Zip Code 02888

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41783

Amount of Each Disbursement this Period: 2783.79

Memo Item

B. Lemay, Bryant, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 13 Dryden Blvd

City Warwick State RI Zip Code 02888

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41784

Amount of Each Disbursement this Period: 2783.79

Memo Item

C. Lemay, Bryant, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 13 Dryden Blvd

City Warwick State RI Zip Code 02888

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41785

Amount of Each Disbursement this Period: 2783.79

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8351.37

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Lemay, Bryant, , ,		Date of Disbursement MM / DD / YYYY 05 / 30 / 2019	
Mailing Address 13 Dryden Blvd		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41786 Amount of Each Disbursement this Period 2783.79	
City Warwick	State RI	Zip Code 02888	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Lyft		Date of Disbursement MM / DD / YYYY 03 / 04 / 2019	
Mailing Address 568 Brannan St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41529 Amount of Each Disbursement this Period 198.72	
City San Francisco	State CA	Zip Code 94107	Category/ Type
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Lyft		Date of Disbursement MM / DD / YYYY 03 / 05 / 2019	
Mailing Address 568 Brannan St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4153t Amount of Each Disbursement this Period 28.45	
City San Francisco	State CA	Zip Code 94107	Category/ Type
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	3010.96
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Lyft		Date of Disbursement MM / DD / YYYY 03 / 06 / 2019
Mailing Address 568 Brannan St		FEC Identification Number C Transaction ID : SB21B.41531 Amount of Each Disbursement this Period 9.03
City San Francisco	State CA	
Zip Code 94107		Memo Item <input type="checkbox"/>
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lyft		Date of Disbursement MM / DD / YYYY 03 / 08 / 2019
Mailing Address 568 Brannan St		FEC Identification Number C Transaction ID : SB21B.41532 Amount of Each Disbursement this Period 9.89
City San Francisco	State CA	
Zip Code 94107		Memo Item <input type="checkbox"/>
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lyft		Date of Disbursement MM / DD / YYYY 03 / 11 / 2019
Mailing Address 568 Brannan St		FEC Identification Number C Transaction ID : SB21B.41533 Amount of Each Disbursement this Period 77.98
City San Francisco	State CA	
Zip Code 94107		Memo Item <input type="checkbox"/>
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	96.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Lyft		Date of Disbursement MM / DD / YYYY 03 / 12 / 2019	
Mailing Address 568 Brannan St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41534 Amount of Each Disbursement this Period [REDACTED] 24.62	
City San Francisco	State CA	Zip Code 94107	Category/ Type [REDACTED]
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Lyft		Date of Disbursement MM / DD / YYYY 03 / 22 / 2019	
Mailing Address 568 Brannan St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41535 Amount of Each Disbursement this Period [REDACTED] 26.50	
City San Francisco	State CA	Zip Code 94107	Category/ Type [REDACTED]
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Lyft		Date of Disbursement MM / DD / YYYY 04 / 09 / 2019	
Mailing Address 568 Brannan St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41537 Amount of Each Disbursement this Period [REDACTED] 18.92	
City San Francisco	State CA	Zip Code 94107	Category/ Type [REDACTED]
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 70.04
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Lyft

Mailing Address 568 Brannan St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41538
Amount of Each Disbursement this Period
20.67

Memo Item

Full Name (Last, First, Middle Initial)

B. Lyft

Mailing Address 568 Brannan St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41539
Amount of Each Disbursement this Period
49.96

Memo Item

Full Name (Last, First, Middle Initial)

C. Lyft

Mailing Address 568 Brannan St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41544
Amount of Each Disbursement this Period
25.08

Memo Item

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

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

95.71

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Lyft

Full Name (Last, First, Middle Initial)

Mailing Address 568 Brannan St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 19 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41541

Amount of Each Disbursement this Period: 10.37

Memo Item

B. Lyft

Full Name (Last, First, Middle Initial)

Mailing Address 568 Brannan St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41542

Amount of Each Disbursement this Period: 61.91

Memo Item

C. Lyft

Full Name (Last, First, Middle Initial)

Mailing Address 568 Brannan St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41543

Amount of Each Disbursement this Period: 39.12

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 111.40

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Lyft		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019	
Mailing Address 568 Brannan St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41544 Amount of Each Disbursement this Period [REDACTED] 30.96	
City San Francisco	State CA	Zip Code 94107	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Lyft		Date of Disbursement MM / DD / YYYY 05 / 03 / 2019	
Mailing Address 568 Brannan St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41545 Amount of Each Disbursement this Period [REDACTED] 6.77	
City San Francisco	State CA	Zip Code 94107	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Lyft		Date of Disbursement MM / DD / YYYY 06 / 18 / 2019	
Mailing Address 568 Brannan St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41546 Amount of Each Disbursement this Period [REDACTED] 29.28	
City San Francisco	State CA	Zip Code 94107	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 67.01
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Lyft		Date of Disbursement MM / DD / YYYY 06 / 21 / 2019
Mailing Address 568 Brannan St		FEC Identification Number C Transaction ID : SB21B.41547 Amount of Each Disbursement this Period 9.30
City San Francisco	State CA	
Purpose of Disbursement Travel	Zip Code 94107	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Lyft		Date of Disbursement MM / DD / YYYY 06 / 27 / 2019
Mailing Address 568 Brannan St		FEC Identification Number C Transaction ID : SB21B.41548 Amount of Each Disbursement this Period 5.00
City San Francisco	State CA	
Purpose of Disbursement Travel	Zip Code 94107	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 01 / 31 / 2019
Mailing Address 5 Midhurst St		FEC Identification Number C Transaction ID : SB21B.41795 Amount of Each Disbursement this Period 3427.85
City Nashua	State NH	
Purpose of Disbursement Payroll	Zip Code 03063	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3442.15
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 02 / 11 / 2019	
Mailing Address 5 Midhurst St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41554 Amount of Each Disbursement this Period [REDACTED] 458.98	
City Nashua	State NH	Zip Code 03063	Category/ Type [REDACTED]
Purpose of Disbursement Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Target		Date of Disbursement MM / DD / YYYY 02 / 11 / 2019	
Mailing Address 1191 Boston Post Road		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41554 Amount of Each Disbursement this Period [REDACTED] 312.62	
City Milford	State CT	Zip Code 06460	Category/ Type [REDACTED]
Purpose of Disbursement Office Supplies		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 02 / 12 / 2019	
Mailing Address 5 Midhurst St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41554 Amount of Each Disbursement this Period [REDACTED] 1402.20	
City Nashua	State NH	Zip Code 03063	Category/ Type [REDACTED]
Purpose of Disbursement Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1861.18
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement MM / DD / YYYY 02 / 12 / 2019
Mailing Address P. O. Box 20706		FEC Identification Number C [] Transaction ID : SB21B.41555 Amount of Each Disbursement this Period [] 622.50
City Atlanta	State GA	Zip Code 30320
Purpose of Disbursement Travel	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. AirBNB		Date of Disbursement MM / DD / YYYY 02 / 12 / 2019
Mailing Address 888 Brannan Street		FEC Identification Number C [] Transaction ID : SB21B.41555 Amount of Each Disbursement this Period [] 504.43
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Lodging	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Hotwire		Date of Disbursement MM / DD / YYYY 02 / 12 / 2019
Mailing Address 655 Montgomery Street		FEC Identification Number C [] Transaction ID : SB21B.41555 Amount of Each Disbursement this Period [] 78.90
City San Francisco	State CA	Zip Code 94111
Purpose of Disbursement Lodging	Category/Type []	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 02 / 28 / 2019	
Mailing Address 5 Midhurst St		FEC Identification Number C [] Transaction ID : SB21B.41800 Amount of Each Disbursement this Period [] 3427.86	
City Nashua	State NH	Zip Code 03063	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

Full Name (Last, First, Middle Initial) B. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 03 / 29 / 2019	
Mailing Address 5 Midhurst St		FEC Identification Number C [] Transaction ID : SB21B.41801 Amount of Each Disbursement this Period [] 3427.86	
City Nashua	State NH	Zip Code 03063	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

Full Name (Last, First, Middle Initial) C. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019	
Mailing Address 5 Midhurst St		FEC Identification Number C [] Transaction ID : SB21B.41802 Amount of Each Disbursement this Period [] 3427.85	
City Nashua	State NH	Zip Code 03063	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 10283.57
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 05 / 18 / 2019	
Mailing Address 5 Midhurst St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41556 Amount of Each Disbursement this Period [REDACTED] 354.73	
City Nashua	State NH	Zip Code 03063	Category/ Type [REDACTED]
Purpose of Disbursement Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Uber Technologies		Date of Disbursement MM / DD / YYYY 05 / 15 / 2019	
Mailing Address 1455 Market Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41556 Amount of Each Disbursement this Period [REDACTED] 136.07	
City San Francisco	State CA	Zip Code 94103	Category/ Type [REDACTED]
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Hostelling Int'l		Date of Disbursement MM / DD / YYYY 05 / 18 / 2019	
Mailing Address 1009 11th Street, NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41556 Amount of Each Disbursement this Period [REDACTED] 218.66	
City Washington	State DC	Zip Code 20001	Category/ Type [REDACTED]
Purpose of Disbursement Lodging		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 354.73
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 05 / 30 / 2019	
Mailing Address 5 Midhurst St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41803 Amount of Each Disbursement this Period [REDACTED] 3427.86	
City Nashua	State NH	Zip Code 03063	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019	
Mailing Address 5 Midhurst St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41804 Amount of Each Disbursement this Period [REDACTED] 3427.85	
City Nashua	State NH	Zip Code 03063	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Nationbuilder		Date of Disbursement MM / DD / YYYY 01 / 08 / 2019	
Mailing Address 11693 San Vicente Blvd., #560		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41557 Amount of Each Disbursement this Period [REDACTED] 3215.00	
City Los Angeles	State CA	Zip Code 90049	Category/ Type [REDACTED]
Purpose of Disbursement Website		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

10070.71

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Nationbuilder		Date of Disbursement MM / DD / YYYY 02 / 13 / 2019
Mailing Address 11693 San Vicente Blvd., #560		FEC Identification Number C [] Transaction ID : SB21B.41558 Amount of Each Disbursement this Period [] 3215.00
City Los Angeles	State CA	Zip Code 90049
Purpose of Disbursement Website	Category/ Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Nationbuilder		Date of Disbursement MM / DD / YYYY 03 / 08 / 2019
Mailing Address 11693 San Vicente Blvd., #560		FEC Identification Number C [] Transaction ID : SB21B.41559 Amount of Each Disbursement this Period [] 3215.00
City Los Angeles	State CA	Zip Code 90049
Purpose of Disbursement Website	Category/ Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Nationbuilder		Date of Disbursement MM / DD / YYYY 04 / 08 / 2019
Mailing Address 11693 San Vicente Blvd., #560		FEC Identification Number C [] Transaction ID : SB21B.4156t Amount of Each Disbursement this Period [] 3215.00
City Los Angeles	State CA	Zip Code 90049
Purpose of Disbursement Website	Category/ Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 9645.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. NCCI Holdings, Inc.

Date of Disbursement: MM / DD / YYYY
01 / 30 / 2019

Mailing Address: 901 Peninsula Corporate Circle

City: Boca Raton | State: FL | Zip Code: 33487

Purpose of Disbursement: Insurance

Candidate Name:

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.41561
Amount of Each Disbursement this Period: 454.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Nebraska State Legislature

Date of Disbursement: MM / DD / YYYY
03 / 13 / 2019

Mailing Address: State Capitol, Room 2014
PO Bx 94604

City: Lincoln | State: NE | Zip Code: 68509

Purpose of Disbursement: Filing Fees

Candidate Name:

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.41563
Amount of Each Disbursement this Period: 400.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Old School Pizzeria

Date of Disbursement: MM / DD / YYYY
02 / 25 / 2019

Mailing Address: 108 Franklin Street, NE

City: Olympia | State: WA | Zip Code: 98501

Purpose of Disbursement: Food

Candidate Name:

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.41565
Amount of Each Disbursement this Period: 247.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1101.75

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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

MM / DD / YYYY
06 / 30 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41808
Amount of Each Disbursement this Period
1939.77

Memo Item

Full Name (Last, First, Middle Initial)

B. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41578
Amount of Each Disbursement this Period
392.53

Memo Item

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

MM / DD / YYYY
02 / 13 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41578
Amount of Each Disbursement this Period
110.20

Memo Item

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

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

2442.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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

MM / DD / YYYY
02 / 14 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41580
Amount of Each Disbursement this Period
247.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41581
Amount of Each Disbursement this Period
242.72

Memo Item

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

MM / DD / YYYY
02 / 25 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41582
Amount of Each Disbursement this Period
109.51

Memo Item

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

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

599.43

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Priceline

Full Name (Last, First, Middle Initial)

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

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
02 / 26 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.41583**

Amount of Each Disbursement this Period: 176.09

Memo Item

B. Priceline

Full Name (Last, First, Middle Initial)

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

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
02 / 27 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.41584**

Amount of Each Disbursement this Period: 210.71

Memo Item

C. Priceline

Full Name (Last, First, Middle Initial)

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

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
03 / 04 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.41585**

Amount of Each Disbursement this Period: 90.97

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 477.77

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Priceline

Full Name (Last, First, Middle Initial)

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 07 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.41586**

Amount of Each Disbursement this Period: 206.88

Memo Item

B. Priceline

Full Name (Last, First, Middle Initial)

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.41587**

Amount of Each Disbursement this Period: 295.69

Memo Item

C. Priceline

Full Name (Last, First, Middle Initial)

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 09 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.41588**

Amount of Each Disbursement this Period: 71.97

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 574.54

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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

MM / DD / YYYY
04 / 11 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41589
Amount of Each Disbursement this Period
148.94

Memo Item

Full Name (Last, First, Middle Initial)

B. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41590
Amount of Each Disbursement this Period
245.06

Memo Item

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

MM / DD / YYYY
04 / 30 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41591
Amount of Each Disbursement this Period
161.97

Memo Item

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

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

555.97

**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"/> 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
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41592
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41593
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Salsa Labs

Mailing Address 7200 Wisconsin Ave
Suite 200

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41606
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Salsa Labs		Date of Disbursement MM / DD / YYYY 06 / 30 / 2019
Mailing Address 7200 Wisconsin Ave Suite 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41807
City Bethesda	State MD	Zip Code 20814
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period [REDACTED] 46.98
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 01 / 14 / 2019
Mailing Address 1090 Vermont Ave., NW Suite 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41615
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Amount of Each Disbursement this Period [REDACTED] 887.50
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 02 / 13 / 2019
Mailing Address 1090 Vermont Ave., NW Suite 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41616
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Amount of Each Disbursement this Period [REDACTED] 870.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

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

1804.48

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 03 / 26 / 2019
Mailing Address 1090 Vermont Ave., NW Suite 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41617 Amount of Each Disbursement this Period 294.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 04 / 25 / 2019
Mailing Address 1090 Vermont Ave., NW Suite 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41618 Amount of Each Disbursement this Period 315.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 05 / 23 / 2019
Mailing Address 1090 Vermont Ave., NW Suite 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41619 Amount of Each Disbursement this Period 210.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

819.00
[REDACTED]

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

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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"/> 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. Shell Oil		Date of Disbursement MM / DD / YYYY 06 / 30 / 2019
Mailing Address 135 N. Access Road		FEC Identification Number C [] Transaction ID : SB21B.41629 Amount of Each Disbursement this Period [] 135.46
City South San Francisco	State CA	Zip Code 94123
Purpose of Disbursement Travel	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Shen, John, , ,		Date of Disbursement MM / DD / YYYY 01 / 31 / 2019
Mailing Address 26 Wilton St		FEC Identification Number C [] Transaction ID : SB21B.41787 Amount of Each Disbursement this Period [] 2572.54
City Waltham	State MA	Zip Code 02453
Purpose of Disbursement Payroll	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Shen, John, , ,		Date of Disbursement MM / DD / YYYY 02 / 28 / 2019
Mailing Address 26 Wilton St		FEC Identification Number C [] Transaction ID : SB21B.41788 Amount of Each Disbursement this Period [] 2572.54
City Waltham	State MA	Zip Code 02453
Purpose of Disbursement Payroll	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 5280.54
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Shen, John, , ,		Date of Disbursement MM / DD / YYYY 03 / 29 / 2019	
Mailing Address 26 Wilton St		FEC Identification Number C [] Transaction ID : SB21B.41789 Amount of Each Disbursement this Period [] 2572.54	
City Waltham	State MA	Zip Code 02453	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

Full Name (Last, First, Middle Initial) B. Shen, John, , ,		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019	
Mailing Address 26 Wilton St		FEC Identification Number C [] Transaction ID : SB21B.41790 Amount of Each Disbursement this Period [] 2572.54	
City Waltham	State MA	Zip Code 02453	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

Full Name (Last, First, Middle Initial) C. Shen, John, , ,		Date of Disbursement MM / DD / YYYY 05 / 30 / 2019	
Mailing Address 26 Wilton St		FEC Identification Number C [] Transaction ID : SB21B.41791 Amount of Each Disbursement this Period [] 2572.53	
City Waltham	State MA	Zip Code 02453	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 7717.61
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Shen, John, , ,		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019	
Mailing Address 26 Wilton St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41792 Amount of Each Disbursement this Period 2572.55	
City Waltham	State MA	Zip Code 02453	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement MM / DD / YYYY 02 / 01 / 2019	
Mailing Address 2702 Love Field Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41632 Amount of Each Disbursement this Period 366.00	
City Dallas	State TX	Zip Code 75235	Category/ Type
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement MM / DD / YYYY 02 / 07 / 2019	
Mailing Address 2702 Love Field Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41633 Amount of Each Disbursement this Period 115.98	
City Dallas	State TX	Zip Code 75235	Category/ Type
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	3054.53
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Date of Disbursement MM / DD / YYYY 02 / 13 / 2019
Mailing Address 2702 Love Field Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41634 Amount of Each Disbursement this Period [REDACTED] 148.98
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement MM / DD / YYYY 03 / 18 / 2019
Mailing Address 2702 Love Field Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41635 Amount of Each Disbursement this Period [REDACTED] 94.98
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Spirit Airlines		Date of Disbursement MM / DD / YYYY 04 / 09 / 2019
Mailing Address 2800 Executive Way		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41637 Amount of Each Disbursement this Period [REDACTED] 156.29
City Miramar	State FL	Zip Code 33025
Purpose of Disbursement Travel		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 400.25
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Strategic Capitol Consulting LLC		Date of Disbursement MM / DD / YYYY 01 / 30 / 2019
Mailing Address 16141 Swingley Ridge Road Suite 110		FEC Identification Number C [] Transaction ID : SB21B.41643 Amount of Each Disbursement this Period 2200.00
City Chesterfield	State MO	Zip Code 63017
Purpose of Disbursement Strategic Consulting		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Strategic Capitol Consulting LLC		Date of Disbursement MM / DD / YYYY 03 / 01 / 2019
Mailing Address 16141 Swingley Ridge Road Suite 110		FEC Identification Number C [] Transaction ID : SB21B.41644 Amount of Each Disbursement this Period 2200.00
City Chesterfield	State MO	Zip Code 63017
Purpose of Disbursement Strategic Consulting		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Strategic Capitol Consulting LLC		Date of Disbursement MM / DD / YYYY 03 / 29 / 2019
Mailing Address 16141 Swingley Ridge Road Suite 110		FEC Identification Number C [] Transaction ID : SB21B.41645 Amount of Each Disbursement this Period 2200.00
City Chesterfield	State MO	Zip Code 63017
Purpose of Disbursement Strategic Consulting		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	6600.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Strategic Capitol Consulting LLC

Mailing Address 16141 Swingley Ridge Road
Suite 110

City Chesterfield State MO Zip Code 63017

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41646
Amount of Each Disbursement this Period
2200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sullivan-Friedman, Samuel, , ,

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41608
Amount of Each Disbursement this Period
377.59

Memo Item

Full Name (Last, First, Middle Initial)

C. Sullivan-Friedman, Samuel, , ,

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41608
Amount of Each Disbursement this Period
60.00

Memo Item

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

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

2577.59

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Spirit Airlines

Mailing Address 2800 Executive Way

City Miramar State FL Zip Code 33025

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41608
 Amount of Each Disbursement this Period
 317.59

Memo Item

Full Name (Last, First, Middle Initial)

B. Sullivan-Friedman, Samuel, , ,

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41609
 Amount of Each Disbursement this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Sullivan-Friedman, Samuel, , ,

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41611
 Amount of Each Disbursement this Period
 1000.00

Memo Item

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Sullivan-Friedman, Samuel, , ,

Date of Disbursement
MM / DD / YYYY
03 / 29 / 2019

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement Strategic Consulting

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.41611**
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Sullivan-Friedman, Samuel, , ,

Date of Disbursement
MM / DD / YYYY
04 / 23 / 2019

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement Travel Reimbursement

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.41612**
Amount of Each Disbursement this Period
61.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Sullivan-Friedman, Samuel, , ,

Date of Disbursement
MM / DD / YYYY
04 / 30 / 2019

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement Strategic Consulting

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.41613**
Amount of Each Disbursement this Period
1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2061.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Sullivan-Friedman, Samuel, , ,

Date of Disbursement
MM / DD / YYYY
05 / 30 / 2019

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement Strategic Consulting

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.41614**
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. The Woman's Club

Date of Disbursement
MM / DD / YYYY
02 / 25 / 2019

Mailing Address 1002 Washington Street, SE

City Olympia State WA Zip Code 98501

Purpose of Disbursement Event Space Rental

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.41649**
Amount of Each Disbursement this Period
610.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Thomas, Shannon, , ,

Date of Disbursement
MM / DD / YYYY
03 / 25 / 2019

Mailing Address 1624 Bank Street

City South Pasadena State CA Zip Code 91030

Purpose of Disbursement Fundraising Consultant

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.4162t**
Amount of Each Disbursement this Period
500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2110.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Thomas, Shannon, , ,		Date of Disbursement MM / DD / YYYY 05 / 30 / 2019	
Mailing Address 1624 Bank Street		FEC Identification Number C [] Transaction ID : SB21B.41622 Amount of Each Disbursement this Period [] 150.00	
City South Pasadena	State CA	Zip Code 91030	Category/ Type []
Purpose of Disbursement Fundraising Consultant		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Twilio		Date of Disbursement MM / DD / YYYY 02 / 06 / 2019	
Mailing Address 375 Beale Street Suite 300		FEC Identification Number C [] Transaction ID : SB21B.41652 Amount of Each Disbursement this Period [] 360.01	
City San Francisco	State CA	Zip Code 94105	Category/ Type []
Purpose of Disbursement Website		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Twilio		Date of Disbursement MM / DD / YYYY 02 / 25 / 2019	
Mailing Address 375 Beale Street Suite 300		FEC Identification Number C [] Transaction ID : SB21B.41653 Amount of Each Disbursement this Period [] 180.46	
City San Francisco	State CA	Zip Code 94105	Category/ Type []
Purpose of Disbursement Website		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 690.47
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Twilio

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2019

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Website

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.41654
Amount of Each Disbursement this Period

180.08

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. Twilio

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2019

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Website

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.41655
Amount of Each Disbursement this Period

180.08

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. Twilio

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2019

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Website

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.41656
Amount of Each Disbursement this Period

180.10

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

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

540.26

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Twilio

Full Name (Last, First, Middle Initial)

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 14 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.41657**

Amount of Each Disbursement this Period: 180.05

Memo Item

B. Twilio

Full Name (Last, First, Middle Initial)

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 01 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.41658**

Amount of Each Disbursement this Period: 180.10

Memo Item

C. Twilio

Full Name (Last, First, Middle Initial)

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 03 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.41655**

Amount of Each Disbursement this Period: 180.22

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 540.37

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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
02 / 19 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41661
Amount of Each Disbursement this Period
27.61

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41662
Amount of Each Disbursement this Period
25.29

Memo Item

Full Name (Last, First, Middle Initial)

C. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41663
Amount of Each Disbursement this Period
17.71

Memo Item

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

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

70.61

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41664
Amount of Each Disbursement this Period
20.93

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41665
Amount of Each Disbursement this Period
20.75

Memo Item

Full Name (Last, First, Middle Initial)

C. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2019

FEC Identification Number

C
Transaction ID : SB21B.41666
Amount of Each Disbursement this Period
9.93

Memo Item

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

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

51.61

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 08 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.41667**

Amount of Each Disbursement this Period: 28.11

Memo Item

Full Name (Last, First, Middle Initial)
B. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 11 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.41668**

Amount of Each Disbursement this Period: 21.16

Memo Item

Full Name (Last, First, Middle Initial)
C. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 29 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.41666**

Amount of Each Disbursement this Period: 60.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 109.32

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Uber Technologies

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41670

Amount of Each Disbursement this Period: 17.32

Memo Item

B. Uber Technologies

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41671

Amount of Each Disbursement this Period: 34.40

Memo Item

C. Uber Technologies

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41672

Amount of Each Disbursement this Period: 4.09

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 55.81

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Uber Technologies

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 09 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41673

Amount of Each Disbursement this Period: 26.67

Memo Item

B. Uber Technologies

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41674

Amount of Each Disbursement this Period: 11.90

Memo Item

C. Uber Technologies

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 13 / 2019

FEC Identification Number: C

Transaction ID : SB21B.41675

Amount of Each Disbursement this Period: 17.58

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 56.15

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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

/ /

FEC Identification Number

Transaction ID : SB21B.41676
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41677
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41678
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 03 / 04 / 2019
Mailing Address PO Box 66100		FEC Identification Number C [] Transaction ID : SB21B.41680 Amount of Each Disbursement this Period [] 214.30
City Chicago	State IL	Zip Code 60666
Purpose of Disbursement Travel		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 03 / 05 / 2019
Mailing Address PO Box 66100		FEC Identification Number C [] Transaction ID : SB21B.41681 Amount of Each Disbursement this Period [] 18.99
City Chicago	State IL	Zip Code 60666
Purpose of Disbursement Travel		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement MM / DD / YYYY 03 / 07 / 2019
Mailing Address PO Box 66100		FEC Identification Number C [] Transaction ID : SB21B.41682 Amount of Each Disbursement this Period [] 194.30
City Chicago	State IL	Zip Code 60666
Purpose of Disbursement Travel		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶	[] 427.59
TOTAL This Period (last page this line number only)..... ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 03 / 08 / 2019
Mailing Address PO Box 66100		FEC Identification Number C Transaction ID : SB21B.41683 Amount of Each Disbursement this Period 32.99
City Chicago	State IL	
Zip Code 60666	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 03 / 18 / 2019
Mailing Address PO Box 66100		FEC Identification Number C Transaction ID : SB21B.41684 Amount of Each Disbursement this Period 224.30
City Chicago	State IL	
Zip Code 60666	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement MM / DD / YYYY 04 / 15 / 2019
Mailing Address PO Box 66100		FEC Identification Number C Transaction ID : SB21B.41688 Amount of Each Disbursement this Period 331.30
City Chicago	State IL	
Zip Code 60666	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

588.59

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 04 / 17 / 2019	
Mailing Address PO Box 66100		FEC Identification Number C [] Transaction ID : SB21B.41687 Amount of Each Disbursement this Period [] 30.00	
City Chicago	State IL	Zip Code 60666	Category/ Type []
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. United Healthcare		Date of Disbursement MM / DD / YYYY 01 / 25 / 2019	
Mailing Address 4 Taft Court		FEC Identification Number C [] Transaction ID : SB21B.41688 Amount of Each Disbursement this Period [] 1518.66	
City Rockville	State MD	Zip Code 20850	Category/ Type []
Purpose of Disbursement Insurance			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. United Healthcare		Date of Disbursement MM / DD / YYYY 03 / 15 / 2019	
Mailing Address 4 Taft Court		FEC Identification Number C [] Transaction ID : SB21B.41688 Amount of Each Disbursement this Period [] 1518.66	
City Rockville	State MD	Zip Code 20850	Category/ Type []
Purpose of Disbursement Insurance			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3067.32
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. United Healthcare		Date of Disbursement MM / DD / YYYY 04 / 16 / 2019
Mailing Address 4 Taft Court		FEC Identification Number C Transaction ID : SB21B.41690 Amount of Each Disbursement this Period 1518.66
City Rockville	State MD	
Zip Code 20850		Memo Item <input type="checkbox"/>
Purpose of Disbursement Insurance	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. United Healthcare		Date of Disbursement MM / DD / YYYY 05 / 09 / 2019
Mailing Address 4 Taft Court		FEC Identification Number C Transaction ID : SB21B.41691 Amount of Each Disbursement this Period 1518.66
City Rockville	State MD	
Zip Code 20850		Memo Item <input type="checkbox"/>
Purpose of Disbursement Insurance	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. United Healthcare		Date of Disbursement MM / DD / YYYY 06 / 11 / 2019
Mailing Address 4 Taft Court		FEC Identification Number C Transaction ID : SB21B.41692 Amount of Each Disbursement this Period 1518.66
City Rockville	State MD	
Zip Code 20850		Memo Item <input type="checkbox"/>
Purpose of Disbursement Insurance	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	4555.98
TOTAL This Period (last page this line number only).....▶	224437.47