

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 6363 WILSHIRE BLVD SUITE 301 Check if different than previously reported. (ACC) LOS ANGELES CA 90048

2. FEC IDENTIFICATION NUMBER C00485102 CITY STATE ZIP CODE 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 01 2013 through 06 30 2013

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

Type or Print Name of Treasurer David Koller

Signature of Treasurer David Koller [Electronically Filed] Date 07 31 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2013"/>	<input type="text" value="5269.00"/>	<input type="text" value="5269.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5269.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="67616.01"/>	<input type="text" value="67616.01"/>
(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="72885.01"/>	<input type="text" value="72885.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="46296.28"/>	<input type="text" value="46296.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26588.73"/>	<input type="text" value="26588.73"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

WOLF PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

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).....	25925.00	25925.00
(ii) Unitemized	41691.01	41691.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	67616.01	67616.01
(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)	67616.01	67616.01
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).....	0.00	0.00
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))..... ▶	67616.01	67616.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	67616.01	67616.01

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	46246.28	46246.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	46246.28	46246.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	50.00	50.00
(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)).....	50.00	50.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	46296.28	46296.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46296.28	46296.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	67616.01	67616.01
34. Total Contribution Refunds (from Line 28(d))	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	67566.01	67566.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	46246.28	46246.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	46246.28	46246.28

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. David Alexander
Full Name (Last, First, Middle Initial)
Mailing Address 6374 Greenway Rd
City Fort Worth State TX Zip Code 76116
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Student
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 28 / 2013
Transaction ID : SA11AI.6507
Amount of Each Receipt this Period
50.00

B. David Alexander
Full Name (Last, First, Middle Initial)
Mailing Address 6374 Greenway Rd
City Fort Worth State TX Zip Code 76116
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Student
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2013
Transaction ID : SA11AI.6508
Amount of Each Receipt this Period
50.00

C. Isaac Alvarez
Full Name (Last, First, Middle Initial)
Mailing Address La Isla N31-12
City Quito State ZZ Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Seller
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 14 / 2013
Transaction ID : SA11AI.6009
Amount of Each Receipt this Period
250.00
Refund Issued 7/31/2013

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Zachariah Bailey		Date of Receipt
Mailing Address 145 amsterdam PI		<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City madison	State AL	Zip Code 35758
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6024
Name of Employer Walmart		Amount of Each Receipt this Period
Occupation supervisor		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Sean Berrocales		Date of Receipt
Mailing Address 28 Shepherd pl.		<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City Kearny	State NJ	Zip Code 07032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6530
Name of Employer		Amount of Each Receipt this Period
Occupation		<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="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Sean Berrocales		Date of Receipt
Mailing Address 28 Shepherd pl.		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City Kearny	State NJ	Zip Code 07032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6531
Name of Employer		Amount of Each Receipt this Period
Occupation		<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="text" value="300.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
<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. Jason Bonsall
Full Name (Last, First, Middle Initial)
Mailing Address 6517 Old Magnolia Ln
City Mint Hill State NC Zip Code 28227
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation none
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 01 / 2013
Transaction ID : SA11AI.6054
Amount of Each Receipt this Period
1000.00

B. Jason Bonsall
Full Name (Last, First, Middle Initial)
Mailing Address 6517 Old Magnolia Ln
City Mint Hill State NC Zip Code 28227
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation none
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2013
Transaction ID : SA11AI.6055
Amount of Each Receipt this Period
1000.00

C. William E Briggs
Full Name (Last, First, Middle Initial)
Mailing Address 1030 Harbor Dr
City St Paul Island State AK Zip Code 99660
FEC ID number of contributing federal political committee. **C**
Name of Employer Trident Seafoods Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 06 / 2013
Transaction ID : SA11AI.6063
Amount of Each Receipt this Period
1000.00

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

**SCHEDULE A (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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address 1425 Parkwood PI NW

City Washington State DC Zip Code 20010

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

Name of Employer na Occupation na

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 / 11 / 2013
Transaction ID : SA11AI.6073

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Cooper Clauson

Mailing Address PO Box 95912

City Seattle State WA Zip Code 98145

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

Name of Employer Orora Design Technologies Occupation Software Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2013
Transaction ID : SA11AI.6085

Amount of Each Receipt this Period
1000.00

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

Mailing Address 423 Guyon Ave

City Staten Island State NY Zip Code 10306

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

Name of Employer self-employed Occupation deposition reporter

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
 01 / 11 / 2013
Transaction ID : SA11AI.6106

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Christopher Day
Full Name (Last, First, Middle Initial)
Mailing Address 423 Guyon Ave
City Staten Island State NY Zip Code 10306
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation deposition reporter
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1050.00**

Date of Receipt **01 / 11 / 2013**
Transaction ID : SA11AI.6583
Amount of Each Receipt this Period **50.00**

B. Christopher Day
Full Name (Last, First, Middle Initial)
Mailing Address 423 Guyon Ave
City Staten Island State NY Zip Code 10306
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation deposition reporter
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1100.00**

Date of Receipt **02 / 11 / 2013**
Transaction ID : SA11AI.6584
Amount of Each Receipt this Period **50.00**

C. Christopher Day
Full Name (Last, First, Middle Initial)
Mailing Address 423 Guyon Ave
City Staten Island State NY Zip Code 10306
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation deposition reporter
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1150.00**

Date of Receipt **03 / 11 / 2013**
Transaction ID : SA11AI.6585
Amount of Each Receipt this Period **50.00**

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

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

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Christopher Day
Full Name (Last, First, Middle Initial)
Mailing Address 423 Guyon Ave
City Staten Island State NY Zip Code 10306
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation deposition reporter
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1200.00**

Date of Receipt **04 / 11 / 2013**
Transaction ID : SA11AI.6586
Amount of Each Receipt this Period **50.00**

B. Christopher Day
Full Name (Last, First, Middle Initial)
Mailing Address 423 Guyon Ave
City Staten Island State NY Zip Code 10306
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation deposition reporter
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1300.00**

Date of Receipt **04 / 28 / 2013**
Transaction ID : SA11AI.6107
Amount of Each Receipt this Period **100.00**

c. Christopher Day
Full Name (Last, First, Middle Initial)
Mailing Address 423 Guyon Ave
City Staten Island State NY Zip Code 10306
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation deposition reporter
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1350.00**

Date of Receipt **05 / 11 / 2013**
Transaction ID : SA11AI.6587
Amount of Each Receipt this Period **50.00**

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

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

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Christopher Day		Date of Receipt MM / DD / YYYY 06 / 11 / 2013 Transaction ID : SA11AI.6588
Mailing Address 423 Guyon Ave		Amount of Each Receipt this Period 50.00
City Staten Island	State NY	Zip Code 10306
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation deposition reporter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) B. Lawrence Dingee		Date of Receipt MM / DD / YYYY 05 / 29 / 2013 Transaction ID : SA11AI.6118
Mailing Address 385 S Los Robles Ave Apt 15		Amount of Each Receipt this Period 250.00
City Pasadena	State CA	Zip Code 91101
FEC ID number of contributing federal political committee. C		
Name of Employer Union Bank	Occupation Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Benjamin Fieri		Date of Receipt MM / DD / YYYY 01 / 01 / 2013 Transaction ID : SA11AI.6151
Mailing Address 5732 Michael St		Amount of Each Receipt this Period 250.00
City San Diego	State CA	Zip Code 92105
FEC ID number of contributing federal political committee. C		
Name of Employer T mobile	Occupation Retail sales associate	
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).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 41
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Stephen Garcia

Mailing Address 50 Dey St
Loft 439

City Jersey City State NJ Zip Code 07306

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

Name of Employer BFS Occupation Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 01 / 2013
Transaction ID : SA11AI.6605

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Stephen Garcia

Mailing Address 50 Dey St
Loft 439

City Jersey City State NJ Zip Code 07306

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

Name of Employer BFS Occupation Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 02 / 2013
Transaction ID : SA11AI.6606

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Stephen Garcia

Mailing Address 50 Dey St
Loft 439

City Jersey City State NJ Zip Code 07306

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

Name of Employer BFS Occupation Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 03 / 2013
Transaction ID : SA11AI.6607

Amount of Each Receipt this Period
100.00

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

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

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

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Stephen Garcia

Mailing Address 50 Dey St
Loft 439

City Jersey City State NJ Zip Code 07306

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

Name of Employer BFS Occupation Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2013

Transaction ID : **SA11AI.6608**

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Raymond Giorgi

Mailing Address 518 Shady Ave
Apt 1

City Pittsburgh State PA Zip Code 15206

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

Name of Employer N/A Occupation Software Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2013

Transaction ID : **SA11AI.6168**

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
C. KEN HAYES

Mailing Address 1223 SW Catlin Crest Dr

City Portalnd State OR Zip Code 97225

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

Name of Employer self Occupation investor-environmentalist

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 / 10 / 2013

Transaction ID : **SA11AI.6197**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

**SCHEDULE A (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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Don Husby
Full Name (Last, First, Middle Initial)
Mailing Address 20711 NW Rockspring Ln
City Aloha State OR Zip Code 97006
FEC ID number of contributing federal political committee. **C**
Name of Employer Nvidia Occupation Nerd
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 / 2013
Transaction ID : SA11AI.6216
Amount of Each Receipt this Period
250.00

B. Blaed Hutchinson
Full Name (Last, First, Middle Initial)
Mailing Address 8200 W Manchester Ap1
City Playa del Rey State CA Zip Code 90293
FEC ID number of contributing federal political committee. **C**
Name of Employer Treyarch Occupation 3d Modeler
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 / 22 / 2013
Transaction ID : SA11AI.6218
Amount of Each Receipt this Period
250.00

C. Melody Kelderhouse
Full Name (Last, First, Middle Initial)
Mailing Address 6100 Fairdale Ln Apt 35
City Houston State TX Zip Code 77057
FEC ID number of contributing federal political committee. **C**
Name of Employer Comcast Occupation Analyst
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2013
Transaction ID : SA11AI.6238
Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 41
	(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. Daniel Kraft
Full Name (Last, First, Middle Initial)

Mailing Address 701 Saint James St
Apartment 206

City Richmond State VA Zip Code 23220

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

Name of Employer Health Diagnostic Laboratory Inc. Occupation Quality Assurance Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 11 / 2013
Transaction ID : SA11AI.6248

Amount of Each Receipt this Period
500.00

B. Cory Mahoney
Full Name (Last, First, Middle Initial)

Mailing Address 190 Parrish St
Apt 3

City Canandaigua State NY Zip Code 14424

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

Name of Employer Seitel Occupation Permitting for Seismic Testing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 08 / 2013
Transaction ID : SA11AI.6278

Amount of Each Receipt this Period
250.00

C. Farzad Mansouri
Full Name (Last, First, Middle Initial)

Mailing Address 5713 Rossmore Dr

City Bethesda State MD Zip Code 20814

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

Name of Employer self-employed Occupation IT technician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 06 / 2013
Transaction ID : SA11AI.6282

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

**SCHEDULE A (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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Farzad Mazloomi		Date of Receipt
Mailing Address 634 Sycamore St Apt 4R		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Cincinnati	State OH	Zip Code 45202
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6667
Name of Employer TriHealth		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) B. Farzad Mazloomi		Date of Receipt
Mailing Address 634 Sycamore St Apt 4R		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Cincinnati	State OH	Zip Code 45202
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6668
Name of Employer TriHealth		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="25.00"/>
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 (Last, First, Middle Initial) C. Michael Morgan		Date of Receipt
Mailing Address 16106 Ozark Ave		<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City Tinley Park	State IL	Zip Code 60477
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6302
Name of Employer N/A		Amount of Each Receipt this Period
Occupation Student		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

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 18 OF 41
	<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. Jane Napier
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Elm St
 City Mauston State WI Zip Code 53948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2013
Transaction ID : SA11AI.6314
 Amount of Each Receipt this Period
250.00

B. Davide Pio
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Jade Ct
 City Hercules State CA Zip Code 94547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCRE Occupation Real Estate Broker - Commercial & Inve
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2013
Transaction ID : SA11AI.6340
 Amount of Each Receipt this Period
500.00

C. Scptt Riches
 Full Name (Last, First, Middle Initial)
 Mailing Address 11713 Sanderson Rd
 City Medina State NY Zip Code 14103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation n.a
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2013
Transaction ID : SA11AI.6360
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Peter Rinck
Full Name (Last, First, Middle Initial)

Mailing Address 175 Jordan Rd

City Buckfield State ME Zip Code 04220

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

Name of Employer Rinck Advertising, Inc. Occupation CEO

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
 02 / 01 / 2013

Transaction ID : SA11AI.6362

Amount of Each Receipt this Period
 250.00

B. Carlo Scalo
Full Name (Last, First, Middle Initial)

Mailing Address 675 Sharon Park Dr

City Menlo Park State CA Zip Code 94025

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

Name of Employer Stanford University Occupation Research Scholar

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 / 06 / 2013

Transaction ID : SA11AI.6384

Amount of Each Receipt this Period
 250.00

C. Andy Schryvers
Full Name (Last, First, Middle Initial)

Mailing Address Smaragdstraat 13

City Antwerp State Zip Code 02600

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

Name of Employer N/A Occupation student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2013

Transaction ID : SA11AI.6389

Amount of Each Receipt this Period
 250.00

Refund Issued 7/31/2013

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

SCHEDULE A (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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address 78 Hume St Upwey Melbourne Victori

City Upwey	State ZZ	Zip Code
---------------	-------------	----------

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

Name of Employer n/a	Occupation Software Tester
-------------------------	-------------------------------

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	/	01	/	2013

Transaction ID : SA11AI.6397

Amount of Each Receipt this Period
250.00

Refund Issued 7/31/2013

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

Mailing Address 78 Hume St Upwey Melbourne Victori

City Upwey	State ZZ	Zip Code
---------------	-------------	----------

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

Name of Employer n/a	Occupation Software Tester
-------------------------	-------------------------------

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
01	/	22	/	2013

Transaction ID : SA11AI.6398

Amount of Each Receipt this Period
250.00

Refund Issued 7/31/2013

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

Mailing Address 78 Hume St Upwey Melbourne Victori

City Upwey	State ZZ	Zip Code
---------------	-------------	----------

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

Name of Employer n/a	Occupation Software Tester
-------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2013

Transaction ID : SA11AI.6722

Amount of Each Receipt this Period
25.00

Refund Issued 7/31/2013

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<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. Kris Shapar
Full Name (Last, First, Middle Initial)
Mailing Address CMR 445 Box 104

City Apo	State AE	Zip Code 09046
-------------	-------------	-------------------

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

Name of Employer SRA	Occupation IT
-------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2013

Transaction ID : SA11AI.6401

Amount of Each Receipt this Period
150.00

B. Erik Sipman
Full Name (Last, First, Middle Initial)
Mailing Address 2271 Prairie View Road

City Decorah	State IA	Zip Code 52101-7860
-----------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : SA11AI.6726

Amount of Each Receipt this Period
100.00

C. Erik Sipman
Full Name (Last, First, Middle Initial)
Mailing Address 2271 Prairie View Road

City Decorah	State IA	Zip Code 52101-7860
-----------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2013

Transaction ID : SA11AI.6727

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address 2271 Prairie View Road

City Decorah State IA Zip Code 52101-7860

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2013
Transaction ID : SA11AI.6728

Amount of Each Receipt this Period
100.00

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

Mailing Address 2271 Prairie View Road

City Decorah State IA Zip Code 52101-7860

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2013
Transaction ID : SA11AI.6729

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Eric Sorensen

Mailing Address 17165 Killarney Ct.

City Granger State IN Zip Code 46530

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

Name of Employer Occupation
Cardno IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : SA11AI.6734

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Eric Sorensen
Full Name (Last, First, Middle Initial)

Mailing Address 17165 Killarney Ct.

City Granger State IN Zip Code 46530

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

Name of Employer Cardno Occupation IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2013

Transaction ID : SA11AI.6735

Amount of Each Receipt this Period
 250.00

B. Nick Sousa
Full Name (Last, First, Middle Initial)

Mailing Address 55 Auburn St Ext Apt 3

City Framingham State MA Zip Code 01701

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

Name of Employer None Occupation IT Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2013

Transaction ID : SA11AI.6737

Amount of Each Receipt this Period
 100.00

C. Nick Sousa
Full Name (Last, First, Middle Initial)

Mailing Address 55 Auburn St Ext Apt 3

City Framingham State MA Zip Code 01701

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

Name of Employer None Occupation IT Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013

Transaction ID : SA11AI.6738

Amount of Each Receipt this Period
 100.00

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

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

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

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

FOR LINE NUMBER: PAGE 24 OF 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. robert stepan

Mailing Address 10500 margra Ln

City State Zip Code
austin TX 78748

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

Name of Employer Occupation
Self IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 12 / 2013
Transaction ID : SA11AI.6431

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. JOHN STERLING

Mailing Address 210 CHEROKEE ROAD

City State Zip Code
Asheville NC 28804-3802

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2013
Transaction ID : SA11AI.6746

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. JOHN STERLING

Mailing Address 210 CHEROKEE ROAD

City State Zip Code
Asheville NC 28804-3802

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2013
Transaction ID : SA11AI.6747

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Russ Stratton		Date of Receipt MM / DD / YYYY 06 / 17 / 2013
Mailing Address 285 W Broadway Suite 400 Suite 400		Transaction ID : SA11AI.6437
City New York	State NY	Zip Code 10013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Producer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Stratyllis Inc.		Date of Receipt MM / DD / YYYY 05 / 30 / 2013
Mailing Address 6301 S 242nd PL apt 7-201		Transaction ID : SA11AI.6778
City Kent	State WA	Zip Code 98032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Stratyllis Inc.		Date of Receipt MM / DD / YYYY 06 / 30 / 2013
Mailing Address 6301 S 242nd PL apt 7-201		Transaction ID : SA11AI.6779
City Kent	State WA	Zip Code 98032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 26 OF 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. The Young Turks, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : SA11AI.6781
 Amount of Each Receipt this Period
 4900.00

B. The Young Turks, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : SA11AI.6782
 Amount of Each Receipt this Period
 100.00

c. The Young Turks, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.6783
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Kashi Vishwanath
 Full Name (Last, First, Middle Initial)
 Mailing Address 14012 NE 86th Ct
 City Redmond State WA Zip Code 98052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Google Occupation Software engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2013
Transaction ID : SA11AI.6467
 Amount of Each Receipt this Period
500.00

B. Kevin Wallace
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 NW 56th St
 City Seattle State WA Zip Code 98107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Google Occupation Software Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2013
Transaction ID : SA11AI.6473
 Amount of Each Receipt this Period
1000.00

C. Dane Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 CASIANO Dr APT A
 City Santa Barbara State CA Zip Code 93105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BARDEX CORP Occupation IT MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2013
Transaction ID : SA11AI.6760
 Amount of Each Receipt this Period
50.00

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

**SCHEDULE A (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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address 760 CASIANO Dr
APT A

City Santa Barbara State CA Zip Code 93105

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

Name of Employer BARDEX CORP Occupation IT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2013

Transaction ID : SA11AI.6761

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Will Waters

Mailing Address 2470 Forest Lakes Ln

City Sterrett State AL Zip Code 35147

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

Name of Employer Regions Bank Occupation Software Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2013

Transaction ID : SA11AI.6476

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	25925.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City State Zip Code
District Heights MD 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2013

Transaction ID : SB21B.5957

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City State Zip Code
District Heights MD 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2013

Transaction ID : SB21B.5973

Amount of Each Disbursement this Period

410.00

Full Name (Last, First, Middle Initial)

C. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City State Zip Code
District Heights MD 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2013

Transaction ID : SB21B.5979

Amount of Each Disbursement this Period

340.00

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

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

1000.00

--

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City State Zip Code
District Heights MD 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SB21B.5982

Amount of Each Disbursement this Period

410.00

Full Name (Last, First, Middle Initial)

B. Administrator, Unemployment Compensation

Mailing Address CT Department of Labor
200 Folly Brook Blvd

City State Zip Code
Wethersfield CT 06109

Purpose of Disbursement
Employee Compensation Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SB21B.5968

Amount of Each Disbursement this Period

630.00

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 5800 Windward Parkway

City State Zip Code
Alpharetta GA 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 M / D D D / Y Y Y Y Y Y
06 / 03 / 2013

Transaction ID : SB21B.5990

Amount of Each Disbursement this Period

2817.31

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

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

3857.31

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll 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 / 07 / 2013

Transaction ID : SB21B.5991

Amount of Each Disbursement this Period

80.20

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2013

Transaction ID : SB21B.5986

Amount of Each Disbursement this Period

62.00

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2013

Transaction ID : SB21B.5995

Amount of Each Disbursement this Period

62.00

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

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

204.20

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2013

Transaction ID : SB21B.5992

Amount of Each Disbursement this Period

2760.31

Full Name (Last, First, Middle Initial)

B. Ryan Clayton

Mailing Address 8710 Cameron Street #1026

City Silver Spring State MD Zip Code 20910

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
03 / 29 / 2013

Transaction ID : SB21B.5965

Amount of Each Disbursement this Period

3393.00

Full Name (Last, First, Middle Initial)

C. Ryan Clayton

Mailing Address 8710 Cameron Street #1026

City Silver Spring State MD Zip Code 20910

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
03 / 29 / 2013

Transaction ID : SB21B.5967

Amount of Each Disbursement this Period

5000.00

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

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

11153.31

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Ryan Clayton

Mailing Address 8710 Cameron Street #1026

City Silver Spring State MD Zip Code 20910

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
05 / 20 / 2013

Transaction ID : SB21B.5980

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Ryan Clayton

Mailing Address 8710 Cameron Street #1026

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2013

Transaction ID : SB21B.5989

Amount of Each Disbursement this Period

3573.25

Full Name (Last, First, Middle Initial)

C. Ryan Clayton

Mailing Address 8710 Cameron Street #1026

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2013

Transaction ID : SB21B.5994

Amount of Each Disbursement this Period

3573.25

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

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

12146.50

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Democracy Engine

Mailing Address 2125 14TH STREET NW #101W

City Washington State DC Zip Code 20009

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2013

Transaction ID : SB21B.5996

Amount of Each Disbursement this Period

1649.42

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2013

Transaction ID : SB21B.5960

Amount of Each Disbursement this Period

78.38

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2013

Transaction ID : SB21B.5970

Amount of Each Disbursement this Period

85.00

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

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

1812.80

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2013

Transaction ID : SB21B.5974

Amount of Each Disbursement this Period

85.00

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2013

Transaction ID : SB21B.5981

Amount of Each Disbursement this Period

92.88

Full Name (Last, First, Middle Initial)

C. David Koller

Mailing Address 1041 S. Corning St.
Apt #101

City Los Angeles State CA Zip Code 90035

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
02 / 28 / 2013

Transaction ID : SB21B.5959

Amount of Each Disbursement this Period

400.00

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

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

577.88

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. New Organizing Institute

Mailing Address 1133 19th Street, NW
Suite 850

City Washington State DC Zip Code 20036

Purpose of Disbursement
Training

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5959.0

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5948

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5956

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
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
03 / 11 / 2013

Transaction ID : **SB21B.5962**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
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
03 / 11 / 2013

Transaction ID : **SB21B.5963**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

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
03 / 25 / 2013

Transaction ID : **SB21B.5964**

Amount of Each Disbursement this Period

2500.00

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5972

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5978

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5988

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5993

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Nationbuilder

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement
Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5946

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Nationbuilder

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement
Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5955

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Nationbuilder

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement
Website

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2013

Transaction ID : SB21B.5961

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

B. Nationbuilder

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement
Website

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2013

Transaction ID : SB21B.5971

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

C. Nationbuilder

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement
Website

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2013

Transaction ID : SB21B.5975

Amount of Each Disbursement this Period

260.00

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

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

780.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Nationbuilder

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement
Website

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2013

Transaction ID : SB21B.5983

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

B. New Haven People's Center

Mailing Address 37 Howe Center

City New Haven State CT Zip Code 06511

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2013

Transaction ID : SB21B.5953

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2013

Transaction ID : SB21B.5997

Amount of Each Disbursement this Period

835.95

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

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

1345.95

45565.64