

SEEC FORM 26—SHORT FORM
Independent Expenditure Statement for Persons

Revised August 2014



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Original
 Amendment

1. NAME OF PERSON MAKING INDEPENDENT EXPENDITURE

Wolf PAC

175136

2. NAME OF INDIVIDUAL FILING INDEPENDENT EXPENDITURE STATEMENT

First Name

David

MI

Last Name

Koller

Suffix

Title

Treasurer

3. TELEPHONE & EMAIL ADDRESS OF INDIVIDUAL FILING INDEPENDENT EXPENDITURE STATEMENT

(Include Area Code)

603.812.8173

Email Address

mike@wolf-pac.com

4. DATE (Check One Box)

Primary

Election

February 28, 2017

Referendum

5. TYPE OF REPORT (Check One Box)

January 10

7th day preceding primary

7th day preceding referendum

24 hour Independent Expenditure Statement for Primary

April 10

30 days following primary

24 hour Independent Expenditure Statement for Election

July 10

7th day preceding election

90 days following referendum

24 hour Independent Expenditure Statement for Special Election

October 10

7th day preceding special election

Amendment to (Type of Report)

45 days following special election

6. PERIOD COVERED

Beginning Date

Ending Date

2/18/2017

through

2/22/2017

7. CERTIFICATION OF INDIVIDUAL FILING THE INDEPENDENT EXPENDITURE STATEMENT

I hereby certify and state, under penalties of false statement, that I have accepted my appointment as the individual authorized to file the Independent Expenditure Statement on behalf of the person. I further certify and state, under the penalties of false statement, that the information set forth on this Independent Expenditure Statement is a true, accurate and complete itemization of expenditures made or obligated to be made by the person, for the period covered, and that these expenditures and obligations were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof, and that the person has not been reimbursed.

David Koller

SIGNATURE

David Koller

PRINT NAME OF SIGNER

2/22/2017

DATE (mm/dd/yyyy)

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING THE INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT
Wolf PAC	24 hour Independent Expenditure Statement for Special Election

SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
8. Expenditures Made by a Person <i>(Section A - Page 3)</i>	\$ 42,688.53	\$48,059.97
9. Expenditures Obligated by a Person This Period but Not Paid <i>(Section B - Page 4)</i>	0	
10. Total Outstanding Expenditures Obligated by a Person still Unpaid <i>(Section B - Page 4)</i>	\$4,194.34	

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Wolf PAC			24 hour Independent Expenditure Statement for Special Election	
A. Independent Expenditures Made by Person				
Name of Payee			Date of Expenditure	
Best Western Plus			2/20/2017	
Street Address		City	State	Zip Code
11 Stony Hill Road		Bethel	CT	06801
Independent Expenditure on behalf of more than one candidate?	Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	Lodging			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Greg Cava		State Senate		
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?		Amount
MISC	21	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		292.04
Name of Payee			Date of Expenditure	
Best Western Plus			2/18/2017	
Street Address		City	State	Zip Code
11 Stony Hill Road		Bethel	CT	06801
Independent Expenditure on behalf of more than one candidate?	Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	Lodging			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Greg Cava		State Senate		
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?		Amount
MISC	22	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		72.80
Name of Payee			Date of Expenditure	
Best Western Plus			2/20/2017	
Street Address		City	State	Zip Code
11 Stony Hill Road		Bethel	CT	06801
Independent Expenditure on behalf of more than one candidate?	Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	Lodging			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Greg Cava		State Senate		
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?		Amount
MISC	23	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		550.24
SUBTOTAL Section A. - This Page				915.08
TOTAL of additional Section A. Pages				41773.45
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY PERSON THIS PERIOD <i>(Enter total on Column A, Line 8)</i>				42688.53

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
Wolf PAC				24 hour Independent Expenditure Statement for Special Election	
B. Independent Expenditures Obligated by Person this Period but Not Paid					
Name of Creditor					Date Obligated
Street Address			City	State	Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Obligated	
Name of Creditor					Date Obligated
Street Address			City	State	Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Obligated	
Name of Creditor					Date Obligated
Street Address			City	State	Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Obligated	
Name of Creditor					Date Obligated
Street Address			City	State	Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Obligated	
SUBTOTAL Section B. - This Page				0	
TOTAL of additional Section B. Pages				0	
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BY PERSON DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Column A, Line 9)</i>				0	
Previous Reported Independent Expenditures Unpaid and Still Outstanding				\$4194.34	
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BUT NOT PAID <i>(Enter total on Column A, Line 10)</i>				\$4194.34	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>			TYPE OF REPORT	
Wolf PAC			24 hour Independent Expenditure Statement for Special Election	
A. Independent Expenditures Made by Person				
Name of Payee				Date of Expenditure
Staples				2/18/2017
Street Address		City	State	Zip Code
775 Main St. South		Southbury	CT	06488
Independent Expenditure on behalf of more than one candidate?	Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	Paper Flyer			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Greg Cava			State Senate	
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum?	Amount	
PRNT	24	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11.55	
Name of Payee				Date of Expenditure
Facebook				2/21/2017
Street Address		City	State	Zip Code
1 Hacker Way		Menlo Park	CA	94205
Independent Expenditure on behalf of more than one candidate?	Description			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	Online advertising.			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			State Senate	
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum?	Amount	
A-WEB	25	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	300.00	
Name of Payee				Date of Expenditure
Staples				2/21/2017
Street Address		City	State	Zip Code
67 Newtown Rd.		Danbury	CT	06810
Independent Expenditure on behalf of more than one candidate?	Description			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	Letter - Printing Expenses			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			State Senate	
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum?	Amount	
PRNT	26	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	684.00	
SUBTOTAL Section A. - This Page			995.55	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Wolf PAC		24 hour Independent Expenditure Statement for Special Election	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
Sir Speedy Printing and Copying			2/21/17
Street Address	City	State	Zip Code
827 Boylston St	Boston	MA	02116
Independent Expenditure on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	Description		
	Postage Expenses		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
		State Senate	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
A-DM	27		18,000.00
Name of Payee			Date of Expenditure
Sir Speedy Printing and Copying			2/22/17
Street Address	City	State	Zip Code
827 Boylston St	Boston	MA	02116
Independent Expenditure on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	Description		
	Letter - Printing Expenses		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
		State Senate	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
PRNT	28		22,540.00
Name of Payee			Date of Expenditure
American Airlines			2/22/17
Street Address	City	State	Zip Code
P.O. Box 619616	DFW Airport	TX	75261-9616
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	Description		
	Travel		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Greg Cava		State Senate	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	29		237.90
SUBTOTAL Section A. - This Page			40777.90

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
Wolf PAC		24 hour Independent Expenditure Statement for Special Election	
A. Independent Expenditures Made by Person Addendum			
Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure <i>(by code)</i>	
25	300.00	A-WEB	
Description Online advertising.			
Name of Candidate	Office Sought <i>(if applicable)</i>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Greg Cava	State Senate		180.00
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated to Candidate
Eric Berthel	State Senate		120.00
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
Wolf PAC		24 hour Independent Expenditure Statement for Special Election	
A. Independent Expenditures Made by Person Addendum			
Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure <i>(by code)</i>	
26	684.00	PRNT	
Description Letter - Printing Expenses			
Name of Candidate	Office Sought <i>(if applicable)</i>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Greg Cava	State Senate		615.60
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated to Candidate
Eric Berthel	State Senate		68.40
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
Wolf PAC		24 hour Independent Expenditure Statement for Special Election	
A. Independent Expenditures Made by Person Addendum			
Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure <i>(by code)</i>	
28	22,540.00	PRNT	
Description Letter - Printing Expenses			
Name of Candidate	Office Sought <i>(if applicable)</i>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Greg Cava	State Senate		20,286.00
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated to Candidate
Eric Berthel	State Senate		2,254.00
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
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Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
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Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate