SEEC FORM 26—SHORT FORM

Independent Expenditure Statement for Persons

Revised August 2014



RECEIVED	
SEEC	

🕅 Original

🗆 Amendment

2017 FEB 23 AM 7: 38

Page 1 of 8

Alter	<u> </u>		SCIALITI. IS		
1. NAME OF PERSON MAKING INDEPEN	IDENT EXPE	NDITURE		· · · · · · · · · · · · · · · · · · ·	
Wolf PAC				175136	
2. NAME OF INDIVIDUAL FILING INDEP	ENDENT EXI	PENDITURE ST	ATEMENT	·····	
First Name David	МІ	Last Name Ko	ller		Suffix
Title Treasurer		····		- 	
3. TELEPHONE & EMAIL ADDRESS OF I		FILING INDEPE	NDENT EXPENDITUR	E STATEMENT	
(Include Area Code) 603.812.8173	Email Address	mike@wolf-pac	.com		
4. DATE (Check One Box)			· <u>····································</u>		
Primary	X Election	February 28,	2017 □ Ref	erendum	
5. TYPE OF REPORT (Check One Box)					
□ January 10 □ 7th day preceding prin	lary	7th day preceding	□ 24 hour Independent	Expenditure Statement for I	Primary
□ April 10 □ 30 days following prin	hary	referendum	24 hour Independent	Expenditure Statement for I	Election
□ July 10 □ 7th day preceding elec	tion	🗆 90 days	🛛 24 hour Independent	Expenditure Statement for S	Special Election
□ October 10 □ 7th day preceding spec	ial election	following referendum	Amendment to (Type of	of Report)	
□ 45 days following spec	ial election				
6. PERIOD COVERED					
B	eginning Date		Ending Date		
2/1	8/2017	throug	h2/22/2017		
7. CERTIFICATION OF INDIVIDUAL FIL	ING THE IND	EPENDENT EX	PENDITURE STATEM	ENT	
I hereby certify and state, under penalties Independent Expenditure Statement on information set forth on this Independent Ex to be made by the person, for the period con political committee, party committee	s of false staten behalf of the p penditure State vered, and that	nent, that I have a erson. I further c ement is a true, ac these expenditur	accepted my appointment ertify and state, under the curate and complete iten es and obligations were n gent thereof, and that the	t as the individual authoriz e penalties of false stateme nization of expenditures manade independent of any of	ade or obligated . ther individual,
SIGNATURE		PRINT NAME	OF SIGNER	DAT	TE (mm/dd/yyyy)

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INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING THE INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) 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 (Section A - Page 3)	\$ 42,688.53	\$48,059.97							
 Expenditures Obligated by a Person This Period but Not Paid (Section B - Page 4) 	0								
 Total Outstanding Expenditures Obligated by a Person still Unpaid (Section B - Page 4) 	\$4,194.34								

SEEC FORM 26—SHORT FORM INDEPENDENT EXPENDITURES Revised August 2014

NAME OF PERSON MAKING INDEPENDENT EXPEN	DITURE (As re	ported on Pa	ge I, Line I)		OF REPORT		
Wolt PAC					hour Indepe		
	endent Expe	ndituros	Madaby	Sti	atement for S	pecial El	ection
Name of Payee	endent Expe	luitui es	Made by	1 01 304		Date	of Expenditure
Best Western Plus							20/2017
Street Address		City				State	Zip Code
11 Stony Hill Road		B	ethel			СТ	06801
Independent Expenditure on behalf of more than one candidate? Description	Lodging						
TYes X No If yes, complete Section A. Addendum	Louging						
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE cand Greg Cava	idate—if more than one,	Complete Sectio	n A. Addendum)	Office Sough State	Senate		Supported
Purpose of Expenditure	Expenditure Nu	ımber	Associated v	with Referendu	m?	Amou	nt
(In cade) MISC	(if apphicable) 21			es 🗶 No	29	2.04	
Name of Payee						Date	of Expenditure
Best Western Plus		r -:				2/ State	18/2017
Street Address 11 Stony Hill Road		City	Bethel			CT	06801
Independent Expenditure on behalf of more than one candidate? Description							
Yes X No If yes, complete Section A Addendum	Lodging						
Name of Candidate (only complete If Independent Expenditure is on behalf of ONE candi	idate—if more than one,	Complete Section	A. Addendum)	Office Sought			DXI a stat
Greg Cava				Stat	e Senate		Supported
-			1	vith Referendu		Amou	
Purpose of Expenditure	Expenditure Nu (# opplicable) 2						14 L
MISC	2	2	LΥ	es 🕅 No	72.8	0	
Name of Payee							f Expenditure
Best Western Plus						2/	20/2017
Street Address		City				Stale	Zip Code
11 Stony Hill Road		l l	Bethel			СТ	06801
Independent Expenditure on behalf of more than one candidate? Description	Lodging						
Yes X No If yes, complete Section A Addendum	Longing						
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candid	date—if more than one. I	Complete Section	A Addendum)	Office Sought			X Supported
Greg Cava				State	Senate		D Opposed
	Expenditure Nu	mber	Associated w	ith Referendun	12	Amour	l it
Purpose of Expenditure	(if applicable)						
MISC		, 		es 🕅 No	55	0.24	
	SUBTO	TAL Sect	ion A Tl	nis Page	915.08		
	TOTAL of	additiona	Section A	A. Pages	417	73.45	
TOTAL OF ALL INDEPENDENT EXPENDITU	RES MADE F	BY PERSO (Enter	ON THIS total on Colum	PERIOD nn A, Line 8)	4268	8.53	

SEEC FORM 26-SHORT FORM INDEPENDENT EXPENDITURES Revised August 2014

NAME OF PERSON MAKING INDEPENDENT EXPEND	ITURE (As rep	ported on Pa	ge I, Line I)	TYPE O	F REPORT	ndont Ex	nenditure
Wolf PAC	ement for S						
B. Independent Expendit	tures Obliga	nted by P	erson this			*****	in the second
Name of Creditor		- J				Date C	bligated
Street Address		City				State	Zip Code
Independent Expenditure on behalf of more than one candidate? Description		<u> </u>				<u></u>	
Yes No If yes, complete Section B. Addendum Name of Candidate (only complete if Independent Expenditure is on behalf of ONE condidate)	ue—il more (han one.)	Complete Section	B Addendum) (Office Sought			
	,						Supported
Purpose of Expenditure	Expenditure Nu	mber	Associated wi	th Referendum?	A	mount Ob	ligated
(by coils)	(if applicable)		□ Ye	s 🔲 No			
Name of Creditor			<u> </u>		<u>I</u>	Date O	bligated
Name of Creditor							
		City				State	Zip Code
Street Address							
		ļ					
Independent Expenditure on behalf of more than one candidate? Description							
□ Yes □ No If yes, complete Section B. Addendum		Courter Service	R Addandum) (Office Sought			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE condidate	ileij niore inan one, (сотрые зесноя	D. Audentium)	Jure Boagie			Supported
			L		· · · · · · · · · · · · · · · · · · ·		
Purpose of Expenditure (hy code)	Expenditure Nur (fapplicable)	mber	1	th Referendum?	A	mount Obl	igated
			☐ Yes	s 🗌 No			
Name of Creditor						Date O	hligated
Street Address		City				State	Zip Code
Independent Expenditure on behalf of more than one candidate? Description							
If yes INo If yes, complete Section B. Addendum							
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	teif more than one, C	Complete Section	B. Addendum) C	office Sought			Supported
							Opposed
Purpose of Expenditure	Expenditure Nur	mber	Associated wit	h Referendum?	A	mount Obl	igated
(by coste)	(if applicable)		🗆 Yes	s 🔲 No			
	SUBTO	TAL Sec	tion B Th	is Page	0		
	TOTAL of	additions	al Section B	I. Pages	0		
TOTAL OF ALL INDEPENDENT EXPEN DURING THIS PERIOD BUT NOT PAID	DITURES O	BLIGAT (Enter	ED BY PE	RSON A, Line 9)	0		
Previous Reported Independent Exp	oenditures Un	paid and	Still Outst	anding	\$4194.34		
TOTAL OF ALL INDEPENDENT EXPEND	ITURES OB	LIGATE	D BUT NO	T PAID	\$4194.34		

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Section A.	ADDITIONAL PAGE		of	

NAME OF PERSON MAKING INDEPENDENT EXPE	NDITURE (As rep	oorted on Page	e I, Line I)	TYPE OF	REPORT Jr Indepen	dent E		
Wolf PAC Statement for Special Election								
A. Indep	oendent Exper	nditures N	lade by I	Person	ing a second			
Name of Payee							of Expenditure	
Staples							/18/2017	
Street Address		City				State CT	Zip Code	
775 Main St. South		So	uthbury				06488	
Independent Expenditure on behalf of more than one candidate? Description	Paper Flyer							
□ Yes 🕅 No If yes, complete Section A. Addendum	r upor rije.							
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE can	ndidute—if more than one.	Complete Section	A, Addendum)	Office Sought State Sen	ato		Supported	
Greg Cava				State Sen	ale	· · · · · · · · · · · · · · · · · · ·	Opposed	
Purpose of Expenditure	Expenditure Nu ((f applicable)	mber	Associated w	ith Referendum?		Am0	unt	
(by code) PRNT	24		🗆 Ya	s 🖄 No	11.55			
					<u> </u>	Date	e of Expenditure	
Facebook						2	/21/2017	
Street Address		City				State	Zip Code	
1 Hacker Way		N	lenlo Park	(CA	94205	
Independent Expenditure on behalf of more than one candidate? Description		tioing					1	
	Online adver	using.						
X Yes No If yes, complete Section A. Addendum Name of Candidate (only complete if Independent Espenditure is on bahalf of ONE candidate)	ndidate—if more than one,	Complete Section	A Addendum)	Office Sought				
				State Sen	ate		D Opposed	
Purpose of Expenditure	Expenditure Nu	unber	Associated w	ith Referendum?		Amo	unt	
(i) code) A-WEB	(if applicable) 25		🖸 Ye	es 🕅 No	30	300.00		
					· · · · ·	Date	of Expenditure	
Name of Payee Staples						2	/21/2017	
		City				State	Zip Code	
Street Address 67 Newtown Rd.			bury			СТ	06810	
		<u>]</u>						
Independent Expenditure on behalf of more than one candidate? Description	- Printing Expe	enses						
X Yes No If yes, complete Section A. Addendum Name of Candidate (only complete if Independent Expenditure is on behalf of ONE can			A Addendum)	Office Sought				
Name of Candidate (only complete if Independent Experiature is on benuit in ONE can	intra internet in the second second			State S	enate		Supported	
			Associated wi			Amo	unt	
Purpose of Expenditure (<i>if applicable</i>) (<i>if applicable</i>) (<i>if applicable</i>) (<i>Ball Context of the Context of t</i>								
PRNT	26							
				i				
	SUBTO	TAL Secti	on A Th	nis Page	995.55			

Section A. ADDITIONAL PAGE _____ of ____

NAME OF PERSON MAKING INDEPENDENT EXPEND	ITURE (As rep	orted on Pa	ge I, Line I)	TYPE O	F REPORT			-1*1
Wolf PAC		our Indeper						
A Trdopor	ndent Exper	iditures	Made by		ment for S	peciali	CIECIII	31
Name of Payee Sir Speedy Printing and Copying			(inde by			Da	nte of Exp 2/21	enditure /17
Street Address 827 BoyIston St	Boston					State MA		02116
Independent Expenditure on behalf of more than one candidate? Description Image: Image state state Description Image state Image state Postage	Expenses							
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candida	ite—if more than one,	Complete Section	n A. Addendum)	Office Sought State Ser	nate			Supported Opposed
Purpose of Expenditure (b) confe/ A-DM	Expenditure Nur (if applicable) 27	mber		with Referendum? es 🛛 No	18,000		ount	
Name of Payee Sir Speedy Printing and Copying							te of Exp 2/22	/17
Street Address 827 BoyIston St		City Bos	ton			State MA		Code)2116
Independent Expenditure on behalf of more than one candidate? Description Letter Letter	- Printing Ex	penses						
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidat	te—if more than one, (Complete Section	A. Addendum)	Office Sought State Se	enate			Supported
Purpose of Expenditure	Expenditure Nut	mber	Associated v	vith Referendum?	1	Amo	ount	
PRNT	(if applicable) 28	3	DY	es 🗶 No	22	22,540.00		
Name of Payee American Airlines						Date	e of Expe 2/22/	17
Street Address P.O. Box 619616		City DF	W Airport			State TX	1 '	^{Code} 5261-9616
Independent Expenditure on behalf of more than one candidate? Description Yes X No If yes, complete Section A. Addendum	Travel			p				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate Greg Cava	e—if nove than one. C	omplete Section	A Addeudum)	Office Sought State St	enate			Supported
Purpose of Expenditure (ur code) MISC	Expenditure Nun (i/ opplicable) 2	nber 19		rith Referendum? es 🛛 No	237	Ато 7.90	unt	
	SUBTO	TAL Sect	ion A Tl	his Page	40777.	90		

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Section A. ADDENDUM PAGE _____ of ____

NAME OF PERSON MAKING IN	DEPENDENT EXPENDITU	JRE (As reported on Page 1, Line 1) TYPE OF REPO	RT
Wolf PAC	24 hour Independent Expenditure Statement for Special Election			
	A. Independent Exp	enditures Made by Perso	on Addendum	
Expenditure Number as reported in Section A	Total Amount of the Expenditure		Purpose of Expenditure (hv)	oile)
25	300.00		A-WEB	
Description Online advertising				
Name of Candidate		Office Sought (if applicable)	Supported	Amount Allocated to Candidate
Greg Cava		State Senate	Opposed	180.00
Name of Candidate		Office Sought (if applicable)	Supported	Amount Allocated to Candidate
Eric Berthel		State Senate	C Supposed	120.00
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate

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Section A. ADDENDUM PAGE _____ of ____

NAME OF PERSON MAKING IN) TYPE OF REP	TYPE OF REPORT			
Wolf PAC		24 hour Independent Expenditure			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			nt for Special Election	
		xpenditures Made by Perso	Purpose of Expenditure @		
Expenditure Number as reported in Section A Total Amount of the Expenditure Pur				y code)	
26	684.00		PRNT		
Description Letter - Printing	Expenses				
Name of Candidate		Office Sought (if applicable)		Amount Allocated to Candidate	
Greg Cava		State Senate	Supported	615.60	
Name of Candidate		Office Sought (if applicable)		Amount Allocated to Candidate	
Eric Berthel		State Senate	Supported	68.40	
Name of Candidate	n	Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate	
Name of Candidute		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate	
Name of Candidate	<u></u>	Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate	
		i i			

Section A. ADDENDUM PAGE _____ 4____

NAME OF PERSON MAKING IN	7 TYPE OF REPORT 24 hour Independent Expenditure					
Wolf PAC			Statement for Special Election			
	A Independent Ex	penditures Made by Pers				
Expenditure Number as reported in Section A	Total Amount of the Expenditure		Purpose of Expenditure (by	code)		
27	18,000.00		A-DM			
Description Postage Exper	ISES		,I			
Name of Candidate		Office Sought (if applicable)		Amount Allocated to Candidate		
Greg Cava		State Senate	Supported Opposed	16,200.00		
Name of Candidate		Office Sought (if applicable)		Amount Allocated to Candidate		
Eric Berthel		State Senate	Supported S Opposed	1,800.00		
Name of Candidate		Office Sought <i>(if applicable)</i>	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported	Amount Allocated to Candidale		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidale		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
		1	1			

Section A. ADDENDUM PAGE _____ 4

NAME OF PERSON MAKING IN) TYPE OF REPO	TYPE OF REPORT 24 hour Independent Expenditure				
Wolf PAC				for Special Election		
	A. Independent Ext	cenditures Made by Perso		, Jaho Anna, Suli Jaho, Suli And Andri Lan, Albert Chin, Shi Ab Abbert, Annan ann ann ann ann ann an ann an an		
Expenditure Number as reported in Section A	Total Amount of the Expenditure		Purpose of Expenditure (by code)			
28	22,540.00		PRNT			
Description Letter - Printing I	Expenses	ан тайн тайн тайн тайн тайн тайн тайн та				
Name of Candidate		Office Sought (if applicable)		Amount Allocated to Candidate		
Greg Cava		State Senate	⊠ Supported □ Opposed	20,286.00		
Name of Candidate		Office Sought (if applicable)		Amount Allocated to Candidate		
Eric Berthel		State Senate	Supported	2,254.00		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidate	<u>.</u>	Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		