



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**John Bolton Super 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="2018"/>		<input type="text" value="2624828.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2624828.78"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="425209.28"/>	<input type="text" value="425209.28"/>
(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="3050038.06"/>	<input type="text" value="3050038.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="299486.97"/>	<input type="text" value="299486.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2750551.09"/>	<input type="text" value="2750551.09"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**John Bolton Super PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	425000.00	425000.00
(ii) Unitemized .....	208.00	208.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	425208.00	425208.00
(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) .....	425208.00	425208.00
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.).....	1.28	1.28
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)).....▶	425209.28	425209.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	425209.28	425209.28

**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 .....	92626.97	92626.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	92626.97	92626.97
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) .....	206860.00	206860.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	299486.97	299486.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	299486.97	299486.97

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	425208.00	425208.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	425208.00	425208.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	92626.97	92626.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	92626.97	92626.97

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

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

FOR LINE NUMBER: PAGE 6 OF 22  
(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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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)  
**John Bolton Super PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. BEST, THILO, D., MR.,**

Mailing Address 701 S. HOWARD AVENUE, #106-392

City TAMPA	State FL	Zip Code 33606-2473
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BAYSHORE RETIREMENT PARTNERS	Occupation (for Individual) PRINCIPAL
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2018

**Transaction ID : SA11A.206362**

Amount of Each Receipt this Period  
10000.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. BEZNOS, HAROLD, M., MR.,**

Mailing Address 31731 NORTHWESTERN HIGHWAY  
SUITE 250W

City FARMINGTON HILLS	State MI	Zip Code 48334-1668
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BEZTAK COMPANIES	Occupation (for Individual) REAL ESTATE DEVELOPER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2018

**Transaction ID : SA11A.202742**

Amount of Each Receipt this Period  
15000.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. BRYAN, JOHN, D., MR.,**

Mailing Address P.O. BOX 1929

City LAKE OSWEGO	State OR	Zip Code 97035-0019
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2018

**Transaction ID : SA11A.204600**

Amount of Each Receipt this Period  
50000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75000.00
<b>TOTAL</b> This Period (last page this line 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 22
	<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)  
**John Bolton Super PAC**

**A. CALE, CHARLES, GRIFFIN, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 688

City PACIFIC PALISADES	State CA	Zip Code 90272-0688
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 12 / 2018  
**Transaction ID : SA11A.204438**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. CASTLE, JOHN, K., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1095 N. OCEAN BLVD.

City PALM BEACH	State FL	Zip Code 33480-3230
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CASTLE HARLAN, INC.	Occupation (for Individual) BANKER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 12 / 2018  
**Transaction ID : SA11A.204060**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. FROST, PHILIP, , DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4400 BISCAYNE BLVD

City MIAMI	State FL	Zip Code 33137-3212
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2018  
**Transaction ID : SA11A.205575**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<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)  
**John Bolton Super PAC**

**A. HOFFMAN, DONALD, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7013 WINTERBERRY LANE  
 City BETHESDA State MD Zip Code 20817-2950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EXCEL SERVICES CORPORATION Occupation (for Individual) PRESIDENT & C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 29 / 2018  
**Transaction ID : SA11A.206361**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. HOLEKAMP, WILLIAM, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 477 N LINDBERGN BLVD STE. 300  
 City ST. LOUIS State MO Zip Code 63141-7856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 23 / 2018  
**Transaction ID : SA11A.205446**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. KADISH, LAWRENCE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 135 JERICHO TURNPIKE  
 City OLD WESTBURY State NY Zip Code 11568-1508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE INVESTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 01 / 23 / 2018  
**Transaction ID : SA11A.205444**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 22
	(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)  
**John Bolton Super PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. KEISER, MICHAEL, L., MR. ,**

Mailing Address **2450 N. LAKEVIEW AVENUE**

City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60614-2878</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>BANDON DUNES</b>	Occupation (for Individual) <b>OWNER</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**01 / 23 / 2018**

**Transaction ID : SA11A.205447**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. LEACH, HOWARD, H., AMBASSADOR,**

Mailing Address **101 CALIFORNIA STREET  
SUITE 4310**

City <b>SAN FRANCISCO</b>	State <b>CA</b>	Zip Code <b>94111-6134</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>LEACH CAPITAL</b>	Occupation (for Individual) <b>PRIVATE INVESTOR</b>
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**25000.00**

Date of Receipt  
**01 / 23 / 2018**

**Transaction ID : SA11A.205445**

Amount of Each Receipt this Period  
**25000.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. MARCUS, BERNARD, , MR.,**

Mailing Address **1266 W. PACES FERRY ROAD, #615**

City <b>ATLANTA</b>	State <b>GA</b>	Zip Code <b>30327-2306</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**200000.00**

Date of Receipt  
**01 / 26 / 2018**

**Transaction ID : SA11A.206360**

Amount of Each Receipt this Period  
**200000.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>227500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 22  
(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)  
**John Bolton Super PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SMITH, THOMAS, W., MR.,**

Mailing Address **323 RAILROAD AVENUE**

City <b>GREENWICH</b>	State <b>CT</b>	Zip Code <b>06830-6779</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PRESCOTT INVESTORS INC.</b>	Occupation (for Individual) <b>INVESTOR</b>
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50000.00**

Date of Receipt  
**01 / 10 / 2018**

**Transaction ID : SA11A.202743**

Amount of Each Receipt this Period  
**50000.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>425000.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial) <b>A. FLAVIN, KATHY, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018	
Mailing Address 1730 M STREET NW STE 611		FEC Identification Number C [ ] <b>Transaction ID : SB.82</b> Amount of Each Disbursement this Period [ ] 1047.43	
City WASHINGTON	State DC	Zip Code 20036	Category/ Type [ ]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. FLAVIN, KATHY, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2018	
Mailing Address 1730 M STREET NW STE 611		FEC Identification Number C [ ] <b>Transaction ID : SB.83</b> Amount of Each Disbursement this Period [ ] 1047.43	
City WASHINGTON	State DC	Zip Code 20036	Category/ Type [ ]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. SAMUELIAN, CHRISTINE, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018	
Mailing Address 1730 M STREET NW STE 611		FEC Identification Number C [ ] <b>Transaction ID : SB.19</b> Amount of Each Disbursement this Period [ ] 1081.38	
City WASHINGTON	State DC	Zip Code 20036	Category/ Type [ ]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 3176.24
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)  
**A. SAMUELIAN, CHRISTINE, , ,**

Mailing Address 1730 M STREET NW STE 611

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 18 / 2018

FEC Identification Number: C

Transaction ID : SB.20

Amount of Each Disbursement this Period: 1081.40

Memo Item

Full Name (Last, First, Middle Initial)  
**B. TINSLEY, SARAH, , ,**

Mailing Address 1730 M STREET NW STE 611

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB.96

Amount of Each Disbursement this Period: 2509.62

Memo Item

Full Name (Last, First, Middle Initial)  
**C. TINSLEY, SARAH, , ,**

Mailing Address 1730 M STREET NW STE 611

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 18 / 2018

FEC Identification Number: C

Transaction ID : SB.97

Amount of Each Disbursement this Period: 2509.63

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6100.65

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 6402 ARLINGTON BLVD

City FALLS CHURCH State VA Zip Code 22042

Purpose of Disbursement  
PAYROLL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2018

FEC Identification Number

C [ ]

Transaction ID : SB.1

Amount of Each Disbursement this Period

[ ] 223.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 6402 ARLINGTON BLVD

City FALLS CHURCH State VA Zip Code 22042

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  
01 / 04 / 2018

FEC Identification Number

C [ ]

Transaction ID : SB.3

Amount of Each Disbursement this Period

[ ] 2210.11

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 6402 ARLINGTON BLVD

City FALLS CHURCH State VA Zip Code 22042

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  
01 / 18 / 2018

FEC Identification Number

C [ ]

Transaction ID : SB.4

Amount of Each Disbursement this Period

[ ] 2215.23

Memo Item

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

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

[ ] 4648.84

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN EXPRESS**

Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB.5

Amount of Each Disbursement this Period: 289.15

Memo Item

Full Name (Last, First, Middle Initial)  
**B. BB&T - VISA**

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 29 / 2018

FEC Identification Number: C

Transaction ID : SB.896753

Amount of Each Disbursement this Period: 6660.37

SUB-VENDORS REQUIRING ITEMIZATION ARE SHOWN

Memo Item

Full Name (Last, First, Middle Initial)  
**C. CAREY INTERNATIONAL INC**

Mailing Address PO BOX 842350

City BOSTON State MA Zip Code 02284

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 29 / 2018

FEC Identification Number: C

Transaction ID : SB.896762

Amount of Each Disbursement this Period: 2553.61

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6949.52

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. PMI MONTHLY PARKING**

Mailing Address 1227 20TH ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	8

FEC Identification Number

C [ ]

Transaction ID : **SB.896754**

Amount of Each Disbursement this Period

[ ] 584.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. PMI MONTHLY PARKING**

Mailing Address 1227 20TH ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	8

FEC Identification Number

C [ ]

Transaction ID : **SB.896763**

Amount of Each Disbursement this Period

[ ] 584.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 500 STAPLES DRIVE

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	8

FEC Identification Number

C [ ]

Transaction ID : **SB.896759**

Amount of Each Disbursement this Period

[ ] 60.80 [ ]

Memo Item

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

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

[ ] 0.00 [ ]

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2018

FEC Identification Number

C

Transaction ID : SB.896761

Amount of Each Disbursement this Period

258.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE RITZ-CARLTON HOTELS**

Mailing Address 4445 WILLARD AVENUE, STE. 800

City CHEVY CHASE State MD Zip Code 20815

Purpose of Disbursement TRAVEL

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2018

FEC Identification Number

C

Transaction ID : SB.896760

Amount of Each Disbursement this Period

1574.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address 233 S. WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2018

FEC Identification Number

C

Transaction ID : SB.896757

Amount of Each Disbursement this Period

812.93

Memo Item

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. BB&T INSURANCE SERVICES, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	8

Mailing Address PO BOX 890635

FEC Identification Number

C
---

**Transaction ID : SB.10**  
Amount of Each Disbursement this Period

2409.24
---------

Memo Item

City CHARLOTTE State NC Zip Code 28289

Purpose of Disbursement  
INSURANCE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	8

Mailing Address 1593 SPRING HILL ROAD  
STE 400

FEC Identification Number

C
---

**Transaction ID : SB.39**  
Amount of Each Disbursement this Period

552.85
--------

Memo Item

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. COMPLIANCE CONSULTING LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	8

Mailing Address PO BOX 365

FEC Identification Number

C
---

**Transaction ID : SB.40**  
Amount of Each Disbursement this Period

2500.00
---------

Memo Item

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

5462.09
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. COMPLIANCE CONSULTING LLC**

Mailing Address PO BOX 365

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	8

FEC Identification Number

C [ ]

Transaction ID : SB.41

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HILLTOP CONSULTANTS**

Mailing Address 4201 CONNECTICUT AVENUE NW  
STE 500

City  
WASHINGTON

State  
DC

Zip Code  
20008

Purpose of Disbursement  
COMPUTER SERVICES/SUPPORT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	1	8

FEC Identification Number

C [ ]

Transaction ID : SB.56

Amount of Each Disbursement this Period

[ ] 185.06

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLLOWAY CONSULTING, INC.**

Mailing Address 2300 CLARENDON BLVD.  
STE 1306

City  
ARLINGTON

State  
VA

Zip Code  
22201

Purpose of Disbursement  
FUNDRAISING CONSULTING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	8

FEC Identification Number

C [ ]

Transaction ID : SB.61

Amount of Each Disbursement this Period

[ ] 245.51

Memo Item

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

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

[ ] 2930.57

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. HOLLOWAY CONSULTING, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	1	8

Mailing Address 2300 CLARENDON BLVD.  
STE 1306

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
FUNDRAISING CONSULTING

FEC Identification Number

C
---

Transaction ID : SB.62  
Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

Category/  
Type

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLLOWAY CONSULTING, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	8

Mailing Address 2300 CLARENDON BLVD.  
STE 1306

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
FUNDRAISING CONSULTING

FEC Identification Number

C
---

Transaction ID : SB.63  
Amount of Each Disbursement this Period

32025.00
----------

Candidate Name

Category/  
Type

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLLOWAY CONSULTING, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	8

Mailing Address 2300 CLARENDON BLVD.  
STE 1306

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
FUNDRAISING CONSULTING EXPENSE

FEC Identification Number

C
---

Transaction ID : SB.64  
Amount of Each Disbursement this Period

321.62
--------

Candidate Name

Category/  
Type

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

Memo Item

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

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

34346.62
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial) <b>A. WPA INTELLIGENCE</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2018	
Mailing Address 1319 CLASSEN DRIVE			
City OKLAHOMA CITY	State OK	Zip Code 73103	
Purpose of Disbursement SURVEY RESEARCH		<input type="text"/>	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			
		FEC Identification Number <b>C</b> <input type="text"/>	
		Transaction ID : <b>SB.110</b>	
		Amount of Each Disbursement this Period <input type="text"/> 14400.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WPA INTELLIGENCE</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2018	
Mailing Address 1319 CLASSEN DRIVE			
City OKLAHOMA CITY	State OK	Zip Code 73103	
Purpose of Disbursement SURVEY RESEARCH		<input type="text"/>	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			
		FEC Identification Number <b>C</b> <input type="text"/>	
		Transaction ID : <b>SB.118</b>	
		Amount of Each Disbursement this Period <input type="text"/> 14400.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		<input type="text"/>	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			
		FEC Identification Number <b>C</b> <input type="text"/>	
		Amount of Each Disbursement this Period <input type="text"/>	
		<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text"/> 28800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/> 92414.53

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>John Bolton Super PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00542464
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI INC</b>		
Mailing Address <b>PO BOX 1877</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22313</b>
Purpose of Expenditure <b>MEDIA</b>		Category/Type <input type="text"/>

Date of Public Distribution/Dissemination  /  /   
**01 / 04 / 2018**

Amount   
**59500.00**

**Transaction ID : SE.492039**  
Date of Disbursement or Obligation  /  /   
**01 / 03 / 2018**

Name of Federal Candidate: <b>NICHOLSON, KEVIN, , ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>196860.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI INC</b>		
Mailing Address <b>PO BOX 1877</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22313</b>
Purpose of Expenditure <b>MEDIA</b>		Category/Type <input type="text"/>

Date of Public Distribution/Dissemination  /  /   
**01 / 17 / 2018**

Amount   
**10000.00**

**Transaction ID : SE.492040**  
Date of Disbursement or Obligation  /  /   
**01 / 17 / 2018**

Name of Federal Candidate: <b>NICHOLSON, KEVIN, , ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>206860.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> <b>69500.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOBBS, CABELL, , , *[Electronically Filed]*  
Signature

Date  /  /   
**02 / 20 / 2018**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) John Bolton Super PAC
FEC IDENTIFICATION NUMBER C C00542464

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee SANDLER-INNOCENZI
Mailing Address 705 PRINCE STREET
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA
Name of Federal Candidate: NICHOLSON, KEVIN, , ,
Calendar Year-To-Date Per Election for Office Sought 137360.00
Disbursement For: Primary

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Name of Federal Candidate:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For:

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 137360.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 206860.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOBBS, CABELL, , ,

[Electronically Filed]

Date 02 / 20 / 2018

Signature