

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. 12FE4M5 John Bolton Super PAC

ADDRESS (number and street) 1730 M Street NW Suite 611 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00542464 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 / 2015 through 06 / 30 / 2015

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 Cabell Hobbs

Signature of Treasurer Cabell Hobbs [Electronically Filed] Date 07 / 31 / 2015

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

**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="2015"/>		<input type="text" value="240503.46"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="240503.46"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1716231.30"/>	<input type="text" value="1716231.30"/>
(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="1956734.76"/>	<input type="text" value="1956734.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="650517.65"/>	<input type="text" value="650517.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1306217.11"/>	<input type="text" value="1306217.11"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

John Bolton Super PAC

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

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).....	1554745.00	1554745.00
(ii) Unitemized .....	51756.16	51756.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1606501.16	1606501.16
(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) .....	1606501.16	1606501.16
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).....	109698.95	109698.95
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	31.19	31.19
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))..... ▶	1716231.30	1716231.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1716231.30	1716231.30

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	648017.65	648017.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	648017.65	648017.65
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 .....	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 .....	2500.00	2500.00
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)) ..	650517.65	650517.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	650517.65	650517.65

**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) .....	1606501.16	1606501.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1606501.16	1606501.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	648017.65	648017.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	109698.95	109698.95
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	538318.70	538318.70

**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 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. MS. DOROTHY B. ROBERTS**  
 Mailing Address 1970 LEMON RANCH ROAD  
 City State Zip Code  
 SANTA BARBARA CA 93108-2257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 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 / 05 / 2015  
**Transaction ID : SA11.40355**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. PENELOPE P. SCOTT**  
 Mailing Address 11824 FALLS ROAD  
 City State Zip Code  
 COCKEYSVILLE MD 21030-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED PHYSICIAN  
 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 / 06 / 2015  
**Transaction ID : SA11.40581**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. PHILLIP WILK**  
 Mailing Address 7625 ONEAL LN.  
 City State Zip Code  
 NORTH LITTLE ROCK AR 72113-9734  
 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 ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 06 / 2015  
**Transaction ID : SA11.40623**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**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 7 OF 92
	(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**

**A. MRS. ANNE T. CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12494 N. ROYAL LANE  
 City MEQUON State WI Zip Code 53092-8554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 12 / 2015  
**Transaction ID : SA11.40858**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MRS. ELLA M. HELM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3385 HALLMARK DRIVE SE  
 City MARIETTA State GA Zip Code 30067-5110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 21 / 2015  
**Transaction ID : SA11.41043**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MRS. PHYLLIS O. LEWELLYN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 TIMBERLAND DRIVE SE  
 City MARIETTA State GA Zip Code 30067-5120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2015  
**Transaction ID : SA11.40961**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 8 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MR. HERBERT J. SIEGEL**

Mailing Address 190 E 72ND ST.

City State Zip Code  
NEW YORK NY 10021-4370

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

Name of Employer Occupation  
RETIRED EXECUTUEL RETIRED EXECUTIVE

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 / 21 / 2015  
**Transaction ID : SA11.41026**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. EDWARD P. CLARKE**

Mailing Address 50 LEDGE ROAD  
APARTMENT 127

City State Zip Code  
DARIEN CT 06820-4499

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

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 / 27 / 2015  
**Transaction ID : SA11.42045**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. ELLA M. HELM**

Mailing Address 3385 HALLMARK DRIVE SE

City State Zip Code  
MARIETTA GA 30067-5110

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 ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : SA11.42056**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1125.00

**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 9 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MR. CHARLES H. BABB**

Mailing Address **201 S. BLACK FOREST CIRCLE**

City **PRESCOTT** State **AZ** Zip Code **86303-5703**

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

Name of Employer **RETIRED** Occupation **RETIRED**

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 / 02 / 2015**

**Transaction ID : SA11.42017**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOHNNY ZAMRZLA**

Mailing Address **2229 EAST AVENUE Q**

City **PALMDALE** State **CA** Zip Code **93550-4140**

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

Name of Employer **WESTERN PACIFIC** Occupation **ROOFING & SHEETMETAL CONTRACTORS**

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  
**02 / 05 / 2015**

**Transaction ID : SA11.49347**

Amount of Each Receipt this Period  
**225.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MITCHELL W. FINKEL**

Mailing Address **7701 WOODMONT AVE. APT. 204**

City **BETHESDA** State **MD** Zip Code **20814-6041**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

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 / 17 / 2015**

**Transaction ID : SA11.43374**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **725.00**

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

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

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

FOR LINE NUMBER: PAGE 10 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. EDWARD P. CLARKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 LEDGE ROAD  
 APARTMENT 127  
 City DARIEN State CT Zip Code 06820-4499  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 02 / 18 / 2015  
**Transaction ID : SA11.43013**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MR. A. CALVIN LAWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 171 LASSEN DRIVE  
 City SAN BRUNO State CA Zip Code 94066-2515  
 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 ▼  
 250.00

Date of Receipt  
 02 / 20 / 2015  
**Transaction ID : SA11.43202**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. DR. PATRICIA A. WYSONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2707 CLUBLAKE TRL.  
 City MCKINNEY State TX Zip Code 75070-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 20 / 2015  
**Transaction ID : SA11.43109**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 92
	(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 (Last, First, Middle Initial)  
**A. MR. PHILIP F. ANSCHUTZ**

Mailing Address **555 17TH STREET  
#2400**

City **DENVER** State **CO** Zip Code **80202-3941**

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

Name of Employer **THE ANSCHUTZ COMPANY** Occupation **PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **20000.00**

Date of Receipt  
**02 / 24 / 2015**  
**Transaction ID : SA11.42748**

Amount of Each Receipt this Period  
**20000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. EDWARD P. CLARKE**

Mailing Address **50 LEDGE ROAD  
APARTMENT 127**

City **DARIEN** State **CT** Zip Code **06820-4499**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**02 / 24 / 2015**  
**Transaction ID : SA11.44792**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. PETER H. COORS**

Mailing Address **15205 W. 32ND AVENUE**

City **GOLDEN** State **CO** Zip Code **80401-1312**

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

Name of Employer **MOLSON COORS** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25000.00**

Date of Receipt  
**02 / 24 / 2015**  
**Transaction ID : SA11.42747**

Amount of Each Receipt this Period  
**25000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45100.00**

**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 12 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MRS. DRUCILLA L. MCDANIEL**  
 Mailing Address 2089 MOUNT VERNON ROAD  
 City State Zip Code  
 TUPELO MS 38804-7118  
 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 ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : SA11.44881**  
 Amount of Each Receipt this Period  
 45.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT LEROY MERCER**  
 Mailing Address 149 HARBOR ROAD  
 City State Zip Code  
 ST. JAMES NY 11780-1113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RENAISSANCE TECHNOLOGIES FINANCIAL CONSULTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : SA11.43566**  
 Amount of Each Receipt this Period  
 500000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. LEWIS E. TOPPER**  
 Mailing Address 3605 CAMP MINEOLA ROAD  
 City State Zip Code  
 MATTITUCK NY 11952-2150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FAST FOOD SYSTEMS EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : SA11.43565**  
 Amount of Each Receipt this Period  
 20000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 520045.00  
**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 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MR. DAVID F. ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 CRABAPPLE LN.

City State Zip Code  
LOCUST VALLEY NY 11560-2610

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

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  
02 / 27 / 2015  
**Transaction ID : SA11.44588**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B. MRS. IMELDA D. BAMBERY**  
Full Name (Last, First, Middle Initial)

Mailing Address 20941 SAILMAKER CIRCLE

City State Zip Code  
HUNTINGTON BEACH CA 92648-5272

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 ▼  
244.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 27 / 2015  
**Transaction ID : SA11.44702**

Amount of Each Receipt this Period  
144.00

CONTRIBUTION

**C. MARY MCFADDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1641 KNOB HILL DRIVE

City State Zip Code  
COSHOCOTON OH 43812-3136

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 ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 27 / 2015  
**Transaction ID : SA11.49348**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2144.00
<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 14 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**John Bolton Super PAC**

**A. MR. ROBERT HODGDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21405 W 73RD TER.  
 City SHAWNEE MISSION State KS Zip Code 66218-9357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.44424**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MRS. PHYLLIS O. LEWELLYN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 TIMBERLAND DRIVE SE  
 City MARIETTA State GA Zip Code 30067-5120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2015  
**Transaction ID : SA11.44016**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MRS. MAUDE WILBEM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 706 E HENDERSON ST.  
 City BISHOP State TX Zip Code 78343-2906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2015  
**Transaction ID : SA11.44129**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 15 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MR. THOMAS E. YEARY**  
 Mailing Address 9523 BAY VISTA ESTATES BLVD.  
 City State Zip Code  
 ORLANDO FL 32836-6311  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.44403**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. BARRY S. FRIEDBERG**  
 Mailing Address 134 E. 71ST STREET  
 City State Zip Code  
 NEW YORK NY 10021-5011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FRIEDBERG MILSTEIN INVESTMENTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.43585**  
 Amount of Each Receipt this Period  
 15000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. CORINNE R. SCHINDLER**  
 Mailing Address 2715 WEST DALE ROAD N.W.  
 City State Zip Code  
 CANTON OH 44708-1246  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.43591**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15750.00  
**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 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MRS. MARY IVEY MATTHEWS**  
 Mailing Address 4876 PATRICK ROAD  
 City State Zip Code  
 WINNSBORO SC 29180-6491  
 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 ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.43679**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. ANNE T. CARPENTER**  
 Mailing Address 12494 N. ROYAL LANE  
 City State Zip Code  
 MEQUON WI 53092-8554  
 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  
 03 / 12 / 2015  
**Transaction ID : SA11.45147**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN W. CHILDS**  
 Mailing Address 165 SAGO PALM ROAD  
 City State Zip Code  
 VERO BEACH FL 32963-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JW CHILDS AND ASSOCIATES CHAIRMAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.46172**  
 Amount of Each Receipt this Period  
 50000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51300.00  
**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 17 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. JOHN T. COGGESHALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 RIVIERA BAY DRIVE NE  
 City ST. PETERSBURG State FL Zip Code 33702-2710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 12 / 2015  
**Transaction ID : SA11.45235**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MRS. N. LEA DIVALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 747 RIDGEMARK DRIVE  
 City HOLLISTER State CA Zip Code 95023-6420  
 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 ▼  
 244.00

Date of Receipt  
 03 / 13 / 2015  
**Transaction ID : SA11.45789**  
 Amount of Each Receipt this Period  
 44.00  
 CONTRIBUTION

**C. MRS. N. LEA DIVALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 747 RIDGEMARK DRIVE  
 City HOLLISTER State CA Zip Code 95023-6420  
 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 ▼  
 244.00

Date of Receipt  
 03 / 13 / 2015  
**Transaction ID : SA11.45790**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 394.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 92
	<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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial) <b>A. JEAN HOLDREN</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : SA11.45543</b>
Mailing Address 3246 GATEWAY CIRCLE		Amount of Each Receipt this Period 250.00
City CHARLOTTEVILLE	State VA	Zip Code 22911-7477
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer TRIPLE H. PROPERTIES, LLC.	Occupation PRESIDENT	
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>B. DR. JERRY O. JERNIGAN</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : SA11.45679</b>
Mailing Address 129 PARTRIDGE ROAD		Amount of Each Receipt this Period 50.00
City WILMINGTON	State NC	Zip Code 28412-6819
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

Full Name (Last, First, Middle Initial) <b>C. DR. JERRY O. JERNIGAN</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : SA11.45738</b>
Mailing Address 129 PARTRIDGE ROAD		Amount of Each Receipt this Period 100.00
City WILMINGTON	State NC	Zip Code 28412-6819
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<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 19 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DR. JERRY O. JERNIGAN**

Mailing Address 129 PARTRIDGE ROAD

City State Zip Code  
WILMINGTON NC 28412-6819

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 ▼  
238.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.45739**

Amount of Each Receipt this Period  
44.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. FRITZ MAST**

Mailing Address 4 CIELO COURT

City State Zip Code  
ORINDA CA 94563-4205

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.45322**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. PENELOPE P. SCOTT**

Mailing Address 11824 FALLS ROAD

City State Zip Code  
COCKEYSVILLE MD 21030-1605

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

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  
 03 / 13 / 2015  
**Transaction ID : SA11.45520**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 444.00

**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 20 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. JOHN H. COLLUM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1491 THORNTON STREET  
 City GREENVILLE State MS Zip Code 38703-2443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COLLOM TOOL COMPANY Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.46054**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MRS. DRUCILLA L. MCDANIEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2089 MOUNT VERNON ROAD  
 City TUPELO State MS Zip Code 38804-7118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.45728**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MRS. DRUCILLA L. MCDANIEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2089 MOUNT VERNON ROAD  
 City TUPELO State MS Zip Code 38804-7118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.46068**  
 Amount of Each Receipt this Period 40.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 340.00  
**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 21 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MS. CONNIE C. O'NEIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3214 N. 159TH AVENUE  
 City OMAHA State NE Zip Code 68116-2453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 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  
 03 / 16 / 2015  
**Transaction ID : SA11.45673**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MRS. ELLA M. HELM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3385 HALLMARK DRIVE SE  
 City MARIETTA State GA Zip Code 30067-5110  
 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 ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.46207**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. CHARLES H. BABB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 S. BLACK FOREST CIRCLE  
 City PRESCOTT State AZ Zip Code 86303-5703  
 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.46461**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**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:	PAGE 22 OF 92
	(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**

**A. MRS. PHYLLIS O. LEWELLYN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1125 TIMBERLAND DRIVE SE

City	State	Zip Code
MARIETTA	GA	30067-5120

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

Name of Employer	Occupation
HOMEMAKER	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
03	/	20	/	2015

**Transaction ID : SA11.46472**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

**B. MRS. DRUCILLA L. MCDANIEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2089 MOUNT VERNON ROAD

City	State	Zip Code
TUPELO	MS	38804-7118

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 ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

**Transaction ID : SA11.46552**

Amount of Each Receipt this Period  

40.00
-------

**CONTRIBUTION**

**C. MRS. DRUCILLA L. MCDANIEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2089 MOUNT VERNON ROAD

City	State	Zip Code
TUPELO	MS	38804-7118

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 ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

**Transaction ID : SA11.46553**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</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 23 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MRS. GRETCHEN BOLTON**

Mailing Address 7986 OLD GEORGETOWN ROAD, #8D

City State Zip Code  
BETHESDA MD 20814-2459

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

Name of Employer Occupation  
AXA-ADVISORS, LLC FINANCIAL PLANNER

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 / 30 / 2015  
**Transaction ID : SA11.65525**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. AMBASSADOR JOHN R. BOLTON**

Mailing Address 1150 17TH STREET, NW

City State Zip Code  
WASHINGTON DC 20036-4603

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

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 / 30 / 2015  
**Transaction ID : SA11.65526**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. PETER MAGOWAN**

Mailing Address 2100 WASHINGTON STREET

City State Zip Code  
SAN FRANCISCO CA 94109-2845

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 ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.48679**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00

**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 24 OF 92
	<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)  
**John Bolton Super PAC**

**A. MS. NINA ROSENWALD**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 FIFTH AVENUE #24D

City NEW YORK State NY Zip Code 10065-7289

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

Name of Employer AMERICAN SECURITIES Occupation INVESTOR

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  
 03 / 30 / 2015  
**Transaction ID : SA11.48678**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

**B. MR. THOMAS H. RUSSELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 12607 S. 12TH STREET

City JENKS State OK Zip Code 74037-4993

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

Name of Employer VOP RUSSELL Occupation 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  
 03 / 30 / 2015  
**Transaction ID : SA11.47970**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. MRS. N. LEA DIVALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 747 RIDGEMARK DRIVE

City HOLLISTER State CA Zip Code 95023-6420

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.48507**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11100.00
<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 25 OF 92
	<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. MRS. IMELDA D. BAMBERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20941 SAILMAKER CIRCLE  
 City HUNTINGTON BEACH State CA Zip Code 92648-5272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **244.00**

Date of Receipt **04 / 06 / 2015**  
**Transaction ID : SA11.48525**  
 Amount of Each Receipt this Period **100.00**  
 CONTRIBUTION

**B. MR. WILLIAM A. RYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2322 EASTWOOD AVE UNIT 108  
 City STREATOR State IL Zip Code 61364-9040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 06 / 2015**  
**Transaction ID : SA11.56093**  
 Amount of Each Receipt this Period **50.00**  
 CONTRIBUTION  
 REFUNDED \$50.00 ON 04/09/2015

**C. MR. HERBERT J. NEVYAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 TOWER LANE E.  
 City PENN VALLEY State PA Zip Code 19072-1132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEVYAS EYE ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 08 / 2015**  
**Transaction ID : SA11.48670**  
 Amount of Each Receipt this Period **1000.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1150.00</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 26 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : SA11.48680**  
 Amount of Each Receipt this Period  
 50000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN M. GINTER**  
 Mailing Address 1457 NATHANIEL MITCHELL ROAD  
 City State Zip Code  
 DOVER DE 19904-7009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DYN CORP. JET ENGINE TECH.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : SA11.48829**  
 Amount of Each Receipt this Period  
 44.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN M. GINTER**  
 Mailing Address 1457 NATHANIEL MITCHELL ROAD  
 City State Zip Code  
 DOVER DE 19904-7009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DYN CORP. JET ENGINE TECH.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : SA11.48841**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50244.00  
**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 27 OF 92
	(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**

**A. MR. NORMAN BOBROW**  
Full Name (Last, First, Middle Initial)  
Mailing Address 181-06 TUDOR ROAD

City JAMAICA	State NY	Zip Code 11432-1447
-----------------	-------------	------------------------

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

Name of Employer NORMAN BOBROW & COMPANY	Occupation OWNER
---	---------------------

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	/	20	/	2015

**Transaction ID : SA11.52854**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

**B. MR. ROGER W. STONE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1101 SKOKIE BLVD. SUITE 300

City NORTHBROOK	State IL	Zip Code 60062-4124
--------------------	-------------	------------------------

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

Name of Employer KAPSTONE PAPER/PACKAGING CORP.	Occupation CHAIRMAN/CEO
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

**Transaction ID : SA11.64535**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

**C. DR. JERRY O. JERNIGAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 129 PARTRIDGE ROAD

City WILMINGTON	State NC	Zip Code 28412-6819
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2015

**Transaction ID : SA11.60230**

Amount of Each Receipt this Period  
44.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35044.00
<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 28 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. JOHN MCNIFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11922 LOST TREE WAY  
 City NORTH PALM BEACH State FL Zip Code 33408-2917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2015  
**Transaction ID : SA11.66729**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MR. GEOFF PALMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 270 N. CANON DRIVE PENTHOUSE  
 City BEVERLY HILLS State CA Zip Code 90210-5312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 05 / 20 / 2015  
**Transaction ID : SA11.77147**  
 Amount of Each Receipt this Period 100000.00  
 CONTRIBUTION

**C. MR. BERNARD MARCUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1266 W. PACES FERRY ROAD, #615  
 City ATLANTA State GA Zip Code 30327-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 06 / 02 / 2015  
**Transaction ID : SA11.67542**  
 Amount of Each Receipt this Period 100000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200500.00
<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 29 OF 92
	<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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. JOHN W. CHILDS</b>		Date of Receipt
Mailing Address 165 SAGO PALM ROAD		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
VERO BEACH	FL	32963-3702
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.73377</b>
JW CHILDS AND ASSOCIATES	CHAIRMAN	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="100000.00"/>	<input type="text" value="50000.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. MR. JOSEPH GILDENHORN</b>		Date of Receipt
Mailing Address 2030 24TH STREET NW		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20008-1608
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.75031</b>
SELF-EMPLOYED	REAL ESTATE DEVELOPER	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. MR. ROBERT LEROY MERCER</b>		Date of Receipt
Mailing Address 149 HARBOR ROAD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
ST. JAMES	NY	11780-1113
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.77866</b>
RENAISSANCE TECHNOLOGIES	FINANCIAL CONSULTANT	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000000.00"/>	<input type="text" value="500000.00"/>
		CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="550500.00"/>
<b>TOTAL</b> 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: PAGE 30 OF 92  
(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**

Full Name (Last, First, Middle Initial)  
**A. MR. SAM ZELL**

Mailing Address **2 N. RIVERSIDE PLAZA STE. 600**

City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60606-2627</b>
------------------------	--------------------	-------------------------------

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

Name of Employer <b>EQUITY GROUP INVESTMENTS</b>	Occupation <b>CHAIRMAN</b>
---	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

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

Date of Receipt  
**06 / 30 / 2015**

**Transaction ID : SA11.75032**

Amount of Each Receipt this Period  
**50000.00**

**CONTRIBUTION**

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

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1554745.00</b>

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

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

FOR LINE NUMBER: PAGE 31 OF 92  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. CAMPAIGN SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 117 N. ASAPH ST.

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
109698.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2015

**Transaction ID : SA15.001**

Amount of Each Receipt this Period  
109698.95

REFUND-MEDIA

**B.**

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 ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

**C.**

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 ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	109698.95
<b>TOTAL</b> This Period (last page this line number only).....▶	109698.95

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

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

FOR LINE NUMBER: PAGE 32 OF 92  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. BB&T**

Mailing Address 2200 WILSON BLVD.

City ARLINGTON State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **31.19**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

Transaction ID : **SB17.001**

Amount of Each Receipt this Period  
**31.19**

INTEREST

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

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>31.19</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>31.19</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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF TAMPA**

Mailing Address 5401 W WATERS AVE

City TAMPA State FL Zip Code 33634

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2015

Transaction ID : **SB21B.10022**

Amount of Each Disbursement this Period

29.99

Full Name (Last, First, Middle Initial)

**B. COMCAST**

Mailing Address 1701 JFK BLVD

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2015

Transaction ID : **SB21B.10074**

Amount of Each Disbursement this Period

343.08

Full Name (Last, First, Middle Initial)

**C. MICROSOFT**

Mailing Address 15010 NE 36TH ST

City REDMOND State WA Zip Code 98052

Purpose of Disbursement  
WEB 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 / 16 / 2015

Transaction ID : **SB21B.10077**

Amount of Each Disbursement this Period

59.22

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

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

432.29

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2015

Transaction ID : SB21B.10001

Amount of Each Disbursement this Period

18.00

Full Name (Last, First, Middle Initial)

**B. BETHANY BJUR**

Mailing Address 1730 M STREET, STE. 611

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2015

Transaction ID : SB21B.10061

Amount of Each Disbursement this Period

33.28

Full Name (Last, First, Middle Initial)

**C. CHARLES KUPPERMAN**

Mailing Address 581 NORTH WEST

City CANTERBURY State NH Zip Code 03224

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2015

Transaction ID : SB21B.10062

Amount of Each Disbursement this Period

418.00

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

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

469.28

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2015

Transaction ID : **SB21B.100628755**

Amount of Each Disbursement this Period

418.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SARAH TINSLEY**

Mailing Address 4039 MANSION DRIVE NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
PAC MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2015

Transaction ID : **SB21B.10049**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 23 / 2015

Transaction ID : **SB21B.10002**

Amount of Each Disbursement this Period

36.00

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

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

10036.00

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. CAMBRIDGE ANALYTICA**

Mailing Address 1211 AVENUE OF THE AMERICAS #2703

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 23 / 2015

Transaction ID : SB21B.10057

Amount of Each Disbursement this Period

30000.00

Full Name (Last, First, Middle Initial)

**B. CAMBRIDGE ANALYTICA**

Mailing Address 1211 AVENUE OF THE AMERICAS #2703

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 23 / 2015

Transaction ID : SB21B.10058

Amount of Each Disbursement this Period

113674.50

Full Name (Last, First, Middle Initial)

**C. POOLHOUSE**

Mailing Address 3126 W. CARY STREETSTE. 410

City RICHMOND State VA Zip Code 23221

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2015

Transaction ID : SB21B.10044

Amount of Each Disbursement this Period

456.00

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

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

144130.50

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. EDONATIONS**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : SB21B.10023**

Amount of Each Disbursement this Period

45.12

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : SB21B.10024**

Amount of Each Disbursement this Period

5780.30

Full Name (Last, First, Middle Initial)

**C. COMPLIANCE CONSULTING LLC**

Mailing Address PO BOX 365

City State Zip Code  
MCLEAN VA 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : SB21B.10013**

Amount of Each Disbursement this Period

1250.00

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

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

7075.42

**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)  
**John Bolton Super PAC**

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

Date of Disbursement: MM / DD / YYYY  
02 / 10 / 2015

Mailing Address 4039 MANSION DRIVE NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement: PAC MANAGEMENT CONSULTING

Candidate Name

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

State: District:

Transaction ID : **SB21B.10050**

Amount of Each Disbursement this Period: 6000.00

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

Date of Disbursement: MM / DD / YYYY  
02 / 10 / 2015

Mailing Address 4039 MANSION DRIVE NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement: TRAVEL/PARKING

Candidate Name

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

State: District:

Transaction ID : **SB21B.10065**

Amount of Each Disbursement this Period: 429.73

Full Name (Last, First, Middle Initial)  
**C. PMI PARKING**

Date of Disbursement: MM / DD / YYYY  
02 / 10 / 2015

Mailing Address 1725 DESALES 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:

Transaction ID : **SB21B.100659563**

Amount of Each Disbursement this Period: 272.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6429.73

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. 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) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 10 / 2015

Transaction ID : **SB21B.10063**

Amount of Each Disbursement this Period

333.88

Full Name (Last, First, Middle Initial)

**B. 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) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 10 / 2015

Transaction ID : **SB21B.10064**

Amount of Each Disbursement this Period

438.50

Full Name (Last, First, Middle Initial)

**C. 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  
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  
02 / 10 / 2015

Transaction ID : **SB21B.10014**

Amount of Each Disbursement this Period

825.00

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

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

1597.38

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. PRISMGROUP**

Mailing Address 1835 Q ST, NW #31

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
COMMUNICATIONS STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2015

Transaction ID : **SB21B.10010**

Amount of Each Disbursement this Period

14109.88

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2015

Transaction ID : **SB21B.10078**

Amount of Each Disbursement this Period

25525.00

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2700 COAST AVENUE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 14 / 2015

Transaction ID : **SB21B.10055**

Amount of Each Disbursement this Period

59.22

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

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

39694.10



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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 2700 COAST AVENUE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
OFFICE SUPPLIES

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  
02 / 16 / 2015

Transaction ID : SB21B.10047

Amount of Each Disbursement this Period

211.50

Full Name (Last, First, Middle Initial)

**B. 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) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 19 / 2015

Transaction ID : SB21B.10066

Amount of Each Disbursement this Period

351.98

Full Name (Last, First, Middle Initial)

**C. COMCAST**

Mailing Address 1701 JFK BLVD

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement  
UTILITIES

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  
02 / 19 / 2015

Transaction ID : SB21B.10075

Amount of Each Disbursement this Period

335.81

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

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

899.29

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : SB21B.10003**

Amount of Each Disbursement this Period

207.00

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : SB21B.10091**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. BB&T - VISA**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : SB21B.10031**

Amount of Each Disbursement this Period

2202.72

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

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

2424.72

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. BEST BUY**

Mailing Address 7601 PENN AVENUE S.

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
OFFICE SUPPLIES

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		22		2015

Transaction ID : SB21BUV9.009

Amount of Each Disbursement this Period

1838.94
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. US PRINTING & COPYING INC.**

Mailing Address 1725 M STREET NW.

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
PRINTING

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		22		2015

Transaction ID : SB21BUV9.010

Amount of Each Disbursement this Period

363.78
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEB 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
03		03		2015

Transaction ID : SB21B.10092

Amount of Each Disbursement this Period

473.57
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

473.57
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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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. BETHANY BJUR**

Mailing Address 1730 M STREET, STE. 611

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : SB21B.10067**

Amount of Each Disbursement this Period

73.49

Full Name (Last, First, Middle Initial)

**B. 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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : SB21B.10068**

Amount of Each Disbursement this Period

1235.22

Full Name (Last, First, Middle Initial)

**C. MELTWATER GROUP**

Mailing Address DEPT 3408PO BOX 123408

City DALLAS State TX Zip Code 75312-3408

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : SB21B.10045**

Amount of Each Disbursement this Period

5921.15

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

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

7229.86

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. BB&T - VISA**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : **SB21B.10032**

Amount of Each Disbursement this Period

2057.71

Full Name (Last, First, Middle Initial)

**B. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : **SB21BUV9.012**

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MAIALINO**

Mailing Address 2 LEXINGTON AVENUE

City NEW YORK State NY Zip Code 10010

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : **SB21BUV9.011**

Amount of Each Disbursement this Period

79.51

[MEMO ITEM]

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

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

2057.71

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. 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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : **SB21BUV9.013**

Amount of Each Disbursement this Period

1936.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SARAH TINSLEY**

Mailing Address 4039 MANSION DRIVE NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
PAC MANAGEMENT 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 / 13 / 2015

Transaction ID : **SB21B.10051**

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

**C. 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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21B.10015**

Amount of Each Disbursement this Period

825.00

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

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

6825.00

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. MICROSOFT**

Mailing Address 15010 NE 36TH ST

City REDMOND State WA Zip Code 98052

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : **SB21B.10079**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MICROSOFT**

Mailing Address 15010 NE 36TH ST

City REDMOND State WA Zip Code 98052

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : **SB21B.10080**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PRISMGROUP**

Mailing Address 1835 Q ST, NW #31

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
COMMUNICATIONS STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : **SB21B.10011**

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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. COMCAST**

Mailing Address 1701 JFK BLVD

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

Transaction ID : **SB21B.10076**

Amount of Each Disbursement this Period

335.81

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

Transaction ID : **SB21B.10004**

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

Transaction ID : **SB21B.10081**

Amount of Each Disbursement this Period

10278.75

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

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

10622.56



**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. CD, INC.**

Mailing Address PO BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
WEB 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  
03 / 23 / 2015

Transaction ID : SB21B.10082

Amount of Each Disbursement this Period

33000.00

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

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  
03 / 24 / 2015

Transaction ID : SB21B.10005

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

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  
03 / 24 / 2015

Transaction ID : SB21B.10093

Amount of Each Disbursement this Period

318.00

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

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

33354.00

# 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

### A. SARAH TINSLEY

Mailing Address 4039 MANSION DRIVE NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
PAC MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2015

Transaction ID : SB21B.10052

Amount of Each Disbursement this Period

6,000.00
----------

Full Name (Last, First, Middle Initial)

### B. 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

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2015

Transaction ID : SB21B.10016

Amount of Each Disbursement this Period

825.00
--------

Full Name (Last, First, Middle Initial)

### C. EDONATIONS

Mailing Address

City State Zip Code

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

M M M	/	D D D	/	Y Y Y Y Y
04		02		2015

Transaction ID : SB21B.10025

Amount of Each Disbursement this Period

83.75
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6908.75
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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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. HOLLOWAY CONSULTING, INC.**

Mailing Address 2300 CLARENDON BLVD. STE. 1306

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2015

**Transaction ID : SB21B.10038**

Amount of Each Disbursement this Period

44825.00

Full Name (Last, First, Middle Initial)

**B. 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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2015

**Transaction ID : SB21B.10069**

Amount of Each Disbursement this Period

792.41

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD, STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2015

**Transaction ID : SB21B.10036**

Amount of Each Disbursement this Period

6469.35

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

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

52086.76

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. HOLLOWAY CONSULTING, INC.**

Mailing Address 2300 CLARENDON BLVD. STE. 1306

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2015

**Transaction ID : SB21B.10039**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2015

**Transaction ID : SB21B.10026**

Amount of Each Disbursement this Period

439.71

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2015

**Transaction ID : SB21B.10006**

Amount of Each Disbursement this Period

45.00

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

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

634.71

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. SARAH TINSLEY**

Mailing Address 4039 MANSION DRIVE NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement TRAVEL/PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

**Transaction ID : SB21B.10070**

Amount of Each Disbursement this Period

1399.72

Full Name (Last, First, Middle Initial)

**B. HOTELS.COM**

Mailing Address 5400 LBJ FREEWAY #500

City DALLAS State TX Zip Code 75240

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

**Transaction ID : SB21B.100703248**

Amount of Each Disbursement this Period

415.72

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. PMI PARKING**

Mailing Address 1725 DESALES ST NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

**Transaction ID : SB21B.100703243**

Amount of Each Disbursement this Period

217.60

**[MEMO ITEM]**

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

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

1399.72

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address 233 WHACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

**Transaction ID : SB21B.100703245**

Amount of Each Disbursement this Period

628.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MICROSOFT**

Mailing Address 15010 NE 36TH ST

City REDMOND State WA Zip Code 98052

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

**Transaction ID : SB21B.10083**

Amount of Each Disbursement this Period

105.75

Full Name (Last, First, Middle Initial)

**C. MICROSOFT**

Mailing Address 15010 NE 36TH ST

City REDMOND State WA Zip Code 98052

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

**Transaction ID : SB21B.10084**

Amount of Each Disbursement this Period

59.22

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

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

164.97

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. COMCAST**

Mailing Address 1701 JFK BLVD

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement  
UTILITIES

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 / 20 / 2015

Transaction ID : SB21B.10019

Amount of Each Disbursement this Period

335.85

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

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 / 21 / 2015

Transaction ID : SB21B.10007

Amount of Each Disbursement this Period

85.00

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

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 / 21 / 2015

Transaction ID : SB21B.10094

Amount of Each Disbursement this Period

810.85

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

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

1231.70

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. EDONATIONS**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	5

Transaction ID : **SB21B.10027**

Amount of Each Disbursement this Period

8	5	.	3	2
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2700 COAST AVENUE

City State Zip Code  
MOUNTAIN VIEW CA 94043

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	5

Transaction ID : **SB21B.10048**

Amount of Each Disbursement this Period

2	5	.	3	7
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	5

Transaction ID : **SB21B.10028**

Amount of Each Disbursement this Period

2	9	2	.	6	3
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	0	3	.	3	2
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**TOTAL** This Period (last page this line number only)..... ▶

4	0	3	.	3	2
---	---	---	---	---	---



**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. BB&T - VISA**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21B.10033**

Amount of Each Disbursement this Period

12852.82

Full Name (Last, First, Middle Initial)

**B. 110 GRILL TWO**

Mailing Address 27 TRAFALGAR SQUARE

City NASHUA State NH Zip Code 03063

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.029**

Amount of Each Disbursement this Period

75.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMAZON**

Mailing Address 410 TERRY AVENUE, N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.017**

Amount of Each Disbursement this Period

32.70

[MEMO ITEM]

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

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

12852.82

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. AMAZON**

Mailing Address 410 TERRY AVENUE, N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : SB21BUV9.018

Amount of Each Disbursement this Period

8.54

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVENUE, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : SB21BUV9.014

Amount of Each Disbursement this Period

83.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVENUE, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : SB21BUV9.015

Amount of Each Disbursement this Period

624.30

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVENUE, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : SB21BUV9.039

Amount of Each Disbursement this Period

716.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BB&T - VISA**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : SB21BUV9.036

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CROWNE PLAZA HOTEL**

Mailing Address 3 RAVINIA DRIVE, STE. 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : SB21BUV9.028

Amount of Each Disbursement this Period

715.16

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.020**

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.022**

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.024**

Amount of Each Disbursement this Period

42.00

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : SB21BUV9.025

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : SB21BUV9.031

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : SB21BUV9.032

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.041**

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. INTERCONTINENTAL HOTELS**

Mailing Address 3 RAVINIA DR., STE. 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.016**

Amount of Each Disbursement this Period

1738.18

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. LOEWS HOTELS**

Mailing Address 667 MADISON AVENUE

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.035**

Amount of Each Disbursement this Period

471.68

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. LOEWS HOTELS**

Mailing Address 667 MADISON AVENUE

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.040**

Amount of Each Disbursement this Period

1044.34

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MARRIOTT**

Mailing Address 10400 FERNWOOD ROAD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.030**

Amount of Each Disbursement this Period

400.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. 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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.019**

Amount of Each Disbursement this Period

1466.87

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. THE RITZ-CARLTON HOTELS**

Mailing Address 4445 WILLARD AVENUE, STE. 800

City State Zip Code  
CHEVY CHASE MD 20815

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.038**

Amount of Each Disbursement this Period

742.87

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address 233 S. WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.021**

Amount of Each Disbursement this Period

353.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address 233 S. WACKER DR.

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21BUV9.023**

Amount of Each Disbursement this Period

162.00

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. 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  
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
0	5			0	6			2	0	1	5		

Transaction ID : **SB21BUV9.026**

Amount of Each Disbursement this Period

2	8	1	.	1	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. 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  
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
0	5			0	6			2	0	1	5		

Transaction ID : **SB21BUV9.027**

Amount of Each Disbursement this Period

1	0	2	.	8	1	0
---	---	---	---	---	---	---

[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  
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
0	5			0	6			2	0	1	5		

Transaction ID : **SB21BUV9.034**

Amount of Each Disbursement this Period

9	0	8	.	2	0
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[MEMO ITEM]

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

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

0	0	0
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0	0	0
---	---	---

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 111 W. RIO SALADO PKWY.

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : SB21BUV9.033

Amount of Each Disbursement this Period

639.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS**

Mailing Address 111 W. RIO SALADO PKWY.

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : SB21BUV9.042

Amount of Each Disbursement this Period

964.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US PRINTING & COPYING INC.**

Mailing Address 1725 M STREET NW.

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : SB21BUV9.037

Amount of Each Disbursement this Period

68.74

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. SARAH TINSLEY**

Mailing Address 4039 MANSION DRIVE NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
PAC MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB21B.10053**

Amount of Each Disbursement this Period

6000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB21B.10085**

Amount of Each Disbursement this Period

5175.00

Category/  
Type

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

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB21B.10071**

Amount of Each Disbursement this Period

3799.06

Category/  
Type

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

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

14974.06

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD, STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATA MANAGEMENT SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : **SB21B.10037**

Amount of Each Disbursement this Period: 13265.92

Category/Type

Full Name (Last, First, Middle Initial)

**B. 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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : **SB21B.10017**

Amount of Each Disbursement this Period: 825.00

Category/Type

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : **SB21B.10040**

Amount of Each Disbursement this Period: 1000.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15090.92

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. PRISMGROUP**

Mailing Address 1835 Q ST, NW #31

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
COMMUNICATIONS STRATEGY 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 / 11 / 2015

Transaction ID : **SB21B.10012**

Amount of Each Disbursement this Period

12929.36

Full Name (Last, First, Middle Initial)

**B. CAMBRIDGE ANALYTICA**

Mailing Address 1211 AVENUE OF THE AMERICAS #2703

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

Transaction ID : **SB21B.10059**

Amount of Each Disbursement this Period

114550.00

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

Transaction ID : **SB21B.10086**

Amount of Each Disbursement this Period

5175.00

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

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

132654.36

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. HOLLOWAY CONSULTING, INC.**

Mailing Address 2300 CLARENDON BLVD. STE. 1306

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
FUNDRAISING 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 / 13 / 2015

Transaction ID : SB21B.10041

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. MICROSOFT**

Mailing Address 15010 NE 36TH ST

City REDMOND State WA Zip Code 98052

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2015

Transaction ID : SB21B.10087

Amount of Each Disbursement this Period

59.22

Full Name (Last, First, Middle Initial)

**C. MICROSOFT**

Mailing Address 15010 NE 36TH ST

City REDMOND State WA Zip Code 98052

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2015

Transaction ID : SB21B.10088

Amount of Each Disbursement this Period

105.75

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

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

2164.97

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

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 / 2015

**Transaction ID : SB21B.10095**

Amount of Each Disbursement this Period

144.05

Full Name (Last, First, Middle Initial)

**B. COMCAST**

Mailing Address 1701 JFK BLVD

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement  
UTILITIES

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 / 2015

**Transaction ID : SB21B.10020**

Amount of Each Disbursement this Period

335.85

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

**Transaction ID : SB21B.10008**

Amount of Each Disbursement this Period

154.00

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

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

633.90

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

**Transaction ID : SB21B.10096**

Amount of Each Disbursement this Period

212.00

Full Name (Last, First, Middle Initial)

**B. SARAH TINSLEY**

Mailing Address 4039 MANSION DRIVE NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
TRAVEL/PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2015

**Transaction ID : SB21B.10072**

Amount of Each Disbursement this Period

403.11

Full Name (Last, First, Middle Initial)

**C. PMI PARKING**

Mailing Address 1725 DESALES ST NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2015

**Transaction ID : SB21B.100725423**

Amount of Each Disbursement this Period

272.00

**[MEMO ITEM]**

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

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

615.11



**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. 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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2015

Transaction ID : **SB21B.10073**

Amount of Each Disbursement this Period

1202.35

Full Name (Last, First, Middle Initial)

**B. HOLLOWAY CONSULTING, INC.**

Mailing Address 2300 CLARENDON BLVD. STE. 1306

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
FUNDRAISING 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 / 29 / 2015

Transaction ID : **SB21B.10042**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. BB&T - VISA**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
CREDIT CARD PAYMENT

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 / 2015

Transaction ID : **SB21B.10034**

Amount of Each Disbursement this Period

12852.82

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

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

16055.17

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DFW AIRPORT State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-TRAVEL

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 / 2015

Transaction ID : SB21BUV9.046

Amount of Each Disbursement this Period

-322.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DFW AIRPORT State TX Zip Code 75261

Purpose of Disbursement  
CREDIT-TRAVEL

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 / 2015

Transaction ID : SB21BUV9.047

Amount of Each Disbursement this Period

-353.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DFW AIRPORT State TX Zip Code 75261

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21BUV9.069

Amount of Each Disbursement this Period

432.10

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DFW AIRPORT State TX Zip Code 75261

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21BUV9.075

Amount of Each Disbursement this Period

353.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVENUE, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21BUV9.054

Amount of Each Disbursement this Period

330.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVENUE, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21BUV9.055

Amount of Each Disbursement this Period

56.00

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. BEVERLY HILLS CAB CO.**

Mailing Address 5741 WEST ADAMS BLVD.

City State Zip Code  
LOS ANGELES CA 90016

Purpose of Disbursement  
TRAVEL

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
06		03		2015

Transaction ID : **SB21BUV9.062**

Amount of Each Disbursement this Period

48.65
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CAREY INTERNATIONAL INC**

Mailing Address PO BOX 842350

City State Zip Code  
BOSTON MA 02284

Purpose of Disbursement  
TRAVEL

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
06		03		2015

Transaction ID : **SB21BUV9.050**

Amount of Each Disbursement this Period

2500.00
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CAREY INTERNATIONAL INC**

Mailing Address PO BOX 842350

City State Zip Code  
BOSTON MA 02284

Purpose of Disbursement  
TRAVEL

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
06		03		2015

Transaction ID : **SB21BUV9.051**

Amount of Each Disbursement this Period

500.00
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[MEMO ITEM]

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

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

0.00
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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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address 1030 DELTA BLVD.

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB21BUV9.065**

Amount of Each Disbursement this Period

730.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address 1030 DELTA BLVD.

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB21BUV9.077**

Amount of Each Disbursement this Period

2339.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

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 / 2015

Transaction ID : **SB21BUV9.044**

Amount of Each Disbursement this Period

42.00

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

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 / 2015

**Transaction ID : SB21BUV9.058**

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

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 / 2015

**Transaction ID : SB21BUV9.059**

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

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 / 2015

**Transaction ID : SB21BUV9.060**

Amount of Each Disbursement this Period

42.00

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement AGENT FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB21BUV9.067**

Amount of Each Disbursement this Period: 42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement AGENT FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB21BUV9.068**

Amount of Each Disbursement this Period: 42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement AGENT FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB21BUV9.070**

Amount of Each Disbursement this Period: 42.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

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
06		03		2015

Transaction ID : **SB21BUV9.073**

Amount of Each Disbursement this Period

42.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

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
06		03		2015

Transaction ID : **SB21BUV9.076**

Amount of Each Disbursement this Period

42.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

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
06		03		2015

Transaction ID : **SB21BUV9.079**

Amount of Each Disbursement this Period

42.00
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[MEMO ITEM]

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

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

0.00
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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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

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 / 2015

Transaction ID : SB21BUV9.081

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. EXECUTIVE TRAVEL**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
AGENT FEE

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 / 2015

Transaction ID : SB21BUV9.083

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HILTON**

Mailing Address 7930 JONES BRANCH ROAD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21BUV9.078

Amount of Each Disbursement this Period

253.12

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. LOEWS HOTELS**

Mailing Address 667 MADISON AVENUE

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB21BUV9.056**

Amount of Each Disbursement this Period

56.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. LOEWS HOTELS**

Mailing Address 667 MADISON AVENUE

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB21BUV9.057**

Amount of Each Disbursement this Period

534.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MARRIOTT**

Mailing Address 10400 FERNWOOD ROAD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB21BUV9.052**

Amount of Each Disbursement this Period

366.85

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. MARRIOTT**

Mailing Address 10400 FERNWOOD ROAD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21BUV9.074

Amount of Each Disbursement this Period

329.10

[MEMO ITEM]

**B. NEARY'S RESTAURANT**

Full Name (Last, First, Middle Initial)

Mailing Address 358 E 57TH STREET

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
FOOD/BEVERAGE

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 / 2015

Transaction ID : SB21BUV9.053

Amount of Each Disbursement this Period

30.65

[MEMO ITEM]

**C. SHERATON HOTELS**

Full Name (Last, First, Middle Initial)

Mailing Address ONE STAR POINT

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21BUV9.066

Amount of Each Disbursement this Period

682.06

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21BUV9.043

Amount of Each Disbursement this Period

357.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21BUV9.045

Amount of Each Disbursement this Period

787.47

[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  
CREDIT-TRAVEL

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 / 2015

Transaction ID : SB21BUV9.048

Amount of Each Disbursement this Period

-1500.07

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address 233 S. WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
CREDIT-TRAVEL

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 / 2015

Transaction ID : SB21BUV9.049

Amount of Each Disbursement this Period

-787.47

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. 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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21BUV9.064

Amount of Each Disbursement this Period

580.10

[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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21BUV9.071

Amount of Each Disbursement this Period

200.00

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. 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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB21BUV9.080**

Amount of Each Disbursement this Period

648.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. 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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB21BUV9.082**

Amount of Each Disbursement this Period

1500.07

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UNITED TAXI**

Mailing Address 900 N. ALVARADO STREET

City LOS ANGELES State CA Zip Code 90026

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB21BUV9.061**

Amount of Each Disbursement this Period

44.55

[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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 111 W. RIO SALADO PKWY.

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB21BUV9.063**

Amount of Each Disbursement this Period

1484.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS**

Mailing Address 111 W. RIO SALADO PKWY.

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB21BUV9.072**

Amount of Each Disbursement this Period

1511.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. EDONATIONS**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CREDIT CARD MERCHANT 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 / 03 / 2015

Transaction ID : **SB21B.10029**

Amount of Each Disbursement this Period

283.20

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

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

283.20

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. SARAH TINSLEY**

Mailing Address 4039 MANSION DRIVE NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
PAC MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

**Transaction ID : SB21B.10054**

Amount of Each Disbursement this Period

6000.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. 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

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

**Transaction ID : SB21B.10018**

Amount of Each Disbursement this Period

825.00

Category/Type

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

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

**Transaction ID : SB21B.10043**

Amount of Each Disbursement this Period

12000.00

Category/Type

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

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

18825.00



**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD, STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2015

**Transaction ID : SB21B.10035**

Amount of Each Disbursement this Period

3533.58

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2700 COAST AVENUE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2015

**Transaction ID : SB21B.10056**

Amount of Each Disbursement this Period

25.37

Full Name (Last, First, Middle Initial)

**C. CONNELL DONATELLI INC**

Mailing Address PO BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2015

**Transaction ID : SB21B.10046**

Amount of Each Disbursement this Period

30000.00

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

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

33558.95

**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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. MICROSOFT**

Mailing Address 15010 NE 36TH ST

City REDMOND State WA Zip Code 98052

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : SB21B.10089**

Amount of Each Disbursement this Period

105.75
--------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. MICROSOFT**

Mailing Address 15010 NE 36TH ST

City REDMOND State WA Zip Code 98052

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : SB21B.10090**

Amount of Each Disbursement this Period

59.22
-------

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

**Transaction ID : SB21B.10009**

Amount of Each Disbursement this Period

36.00
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Category/  
Type

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

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

200.97
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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"/> 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)  
**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. CAMBRIDGE ANALYTICA**

Mailing Address 1211 AVENUE OF THE AMERICAS #2703

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2015

Transaction ID : **SB21B.10060**

Amount of Each Disbursement this Period

57275.00

Full Name (Last, First, Middle Initial)

**B. COMCAST**

Mailing Address 1701 JFK BLVD

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2015

Transaction ID : **SB21B.10021**

Amount of Each Disbursement this Period

335.85

Full Name (Last, First, Middle Initial)

**C. EDONATIONS**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CREDIT CARD MERCHANT 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 / 2015

Transaction ID : **SB21B.10030**

Amount of Each Disbursement this Period

55.98

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

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

57666.83

648017.65

**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 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 checked="" 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. SOUTH CAROLINA REPUBLICAN PARTY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2015

Mailing Address PO BOX 12373

**Transaction ID : SB29.404**

City State Zip Code  
COLUMBIA SC 29211

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
NON FEDERAL DISBURSEMENT/REGISTRATION FEE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

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City State Zip Code

Purpose of Disbursement

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

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City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

2500.00
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2500.00
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