

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00542464

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (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)

Election on 11/08/2016 in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on in the State of

5. Covering Period 10/01/2016 through 10/19/2016

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

Hobbs, Cabell, , ,

Type or Print Name of Treasurer

Signature of Treasurer Hobbs, Cabell, , , [Electronically Filed] Date 10/27/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Table with 8 columns and 1 row for Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2016"/>		<input type="text" value="1636225.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2205499.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="151458.00"/>	<input type="text" value="2457670.67"/>
(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="2356957.21"/>	<input type="text" value="4093896.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="992470.41"/>	<input type="text" value="2729409.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1364486.80"/>	<input type="text" value="1364486.80"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

John Bolton Super PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	151050.00	2453308.00
(ii) Unitemized .....	402.50	2864.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	151452.50	2456172.73
(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) .....	151452.50	2456172.73
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).....	5.50	77.50
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1420.44
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)).....▶	151458.00	2457670.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	151458.00	2457670.67

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	236593.65	913533.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	236593.65	913533.03
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) .....	755876.76	1805876.76
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	10000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	992470.41	2729409.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	992470.41	2729409.79

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	151452.50	2456172.73
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	151452.50	2456172.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	236593.65	913533.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	5.50	77.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	236588.15	913455.53

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 25
<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

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. BURRESS, JOHN, W., MR., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 380 KNOLLWOOD STREET  
 SUITE 610  
 City WINSTON-SALEM State NC Zip Code 27103-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA11A.146534**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. CASTLE, JOHN, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1095 N. OCEAN BLVD.  
 City PALM BEACH State FL Zip Code 33480-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CASTLE HARLAN, INC. Occupation (for Individual) BANKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA11A.142568**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**C. FOX, SAM, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7701 FORSYTH BLVD.  
 STE 600  
 City SAINT LOUIS State MO Zip Code 63105-1875  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HARBOUR GROUP Occupation (for Individual) FOUNDER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA11A.146533**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	36000.00
<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 7 OF 25
	(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. GRACE, OLIVER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 241 BRADLEY PLACE  
 City PALM BEACH State FL Zip Code 33480-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEVELOPMENT SERVICES LLC Occupation (for Individual) MANAGING MEMBER  
 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  
 10 / 15 / 2016  
**Transaction ID : SA11A.146515**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item  
 CONTRIBUTION

**B. HIXON, GEORGE, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 E. COMMERCE, #300  
 City SAN ANTONIO State TX Zip Code 78205-2947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HIXON PROPERTIES, INC. Occupation (for Individual) INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : SA11A.143472**  
 Amount of Each Receipt this Period  
 30000.00  
 Memo Item  
 CONTRIBUTION

**C. ISAACS, JON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 992 S 4TH AVE 100-512  
 City BRIGHTON State CO Zip Code 80601-6802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) NATURAL RESOURCES  
 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  
 10 / 05 / 2016  
**Transaction ID : SA11A.146526**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40050.00
<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 25
	(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. MOSKOWITZ, MICHAEL, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 E. 34TH ST RM 1201  
 City NEW YORK State NY Zip Code 10016-4363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.143655**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
**CONTRIBUTION**

**B. PENCE, ROBERT, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11776 STRATFORD HOUSE PL #1409  
 City RESTON State VA Zip Code 20190-3385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE PENCE GROUP Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA11A.143471**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

**C. ROBERTS, RICHARD, H., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 18  
 City LAKEWOOD State NJ Zip Code 08701-0018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA11A.143470**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 25  
(check only one)

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ROSENWALD, NINA, , MS.,**

Mailing Address **800 FIFTH AVENUE #24D**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10065-7289</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>AMERICAN SECURITIES</b>	Occupation (for Individual) <b>INVESTOR</b>
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt  
**10 / 03 / 2016**

**Transaction ID : SA11A.143469**

Amount of Each Receipt this Period  
**10000.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>151050.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. SAMUELIAN, CHRISTINE, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 1730 M STREET #611		FEC Identification Number C [ ] <b>Transaction ID : SB21B.80809</b> Amount of Each Disbursement this Period [ ] 605.60	
City WASHINGTON	State DC	Zip Code 20036	Category/ Type [ ]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. SAMUELIAN, CHRISTINE, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016	
Mailing Address 1730 M STREET #611		FEC Identification Number C [ ] <b>Transaction ID : SB21B.80810</b> Amount of Each Disbursement this Period [ ] 605.62	
City WASHINGTON	State DC	Zip Code 20036	Category/ Type [ ]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. TINSLEY, SARAH, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 1730 M STREET #611		FEC Identification Number C [ ] <b>Transaction ID : SB21B.80811</b> Amount of Each Disbursement this Period [ ] 77.35	
City WASHINGTON	State DC	Zip Code 20036	Category/ Type [ ]
Purpose of Disbursement TELEPHONE SERVICE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1288.57
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. TINSLEY, SARAH, , ,**

Mailing Address 1730 M STREET #611

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.80855**

Amount of Each Disbursement this Period

2410.62

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 6402 ARLINGTON BLVD

City  
FALLS CHURCH

State  
VA

Zip Code  
22042

Purpose of Disbursement  
PAYROLL SERVICES

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
10			07			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.80809**

Amount of Each Disbursement this Period

59.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 6402 ARLINGTON BLVD

City  
FALLS CHURCH

State  
VA

Zip Code  
22042

Purpose of Disbursement  
PAYROLL SERVICES

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
10			14			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.80805**

Amount of Each Disbursement this Period

59.95

Memo Item

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

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

2530.52

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 6402 ARLINGTON BLVD

City FALLS CHURCH State VA Zip Code 22042

Purpose of Disbursement  
PAYROLL TAXES

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 Y  
10 / 04 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.80809**  
Amount of Each Disbursement this Period  
188.34

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 6402 ARLINGTON BLVD

City FALLS CHURCH State VA Zip Code 22042

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 13 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.80809**  
Amount of Each Disbursement this Period  
1329.29

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADVOC8**

Mailing Address 1348 FLORIDA AVENUE NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MEDIA CONSULTING

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 Y  
10 / 03 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.80811**  
Amount of Each Disbursement this Period  
16875.00

Memo Item

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

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

18392.63

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ADVOC8**

Mailing Address 1348 FLORIDA AVENUE NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MEDIA CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2016

FEC Identification Number

C

Transaction ID : SB21B.80810  
Amount of Each Disbursement this Period

16875.00

Memo Item

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 CHARGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2016

FEC Identification Number

C

Transaction ID : SB21B.80808  
Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T - VISA**

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2016

FEC Identification Number

C

Transaction ID : SB21B.80805  
Amount of Each Disbursement this Period

10939.75

Memo Item

SUB-VENDORS REACHING THE ITEMIZATION THRESHOLD ARE SHOWN BELOW

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

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

27829.75

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN 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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2016			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.80809**  
Amount of Each Disbursement this Period  
[ ] 1224.07

Memo Item

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2016			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.80809**  
Amount of Each Disbursement this Period  
[ ] 1249.68

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAREY INTERNATIONAL INC**

Mailing Address PO BOX 842350

City  
BOSTON

State  
MA

Zip Code  
02284

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2016			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.80809**  
Amount of Each Disbursement this Period  
[ ] 358.87

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

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

Full Name (Last, First, Middle Initial) <b>A. CAREY INTERNATIONAL INC</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016
Mailing Address PO BOX 842350		FEC Identification Number C [ ] <b>Transaction ID : SB21B.80809</b> Amount of Each Disbursement this Period [ ] 309.48
City BOSTON	State MA	Zip Code 02284
Purpose of Disbursement TRAVEL		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CAREY INTERNATIONAL INC</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016
Mailing Address PO BOX 842350		FEC Identification Number C [ ] <b>Transaction ID : SB21B.80809</b> Amount of Each Disbursement this Period [ ] 269.82
City BOSTON	State MA	Zip Code 02284
Purpose of Disbursement TRAVEL		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. LOEWS HOTELS</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016
Mailing Address 667 MADISON AVENUE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.80809</b> Amount of Each Disbursement this Period [ ] 796.48
City NEW YORK	State NY	Zip Code 10065
Purpose of Disbursement TRAVEL		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016
Mailing Address 10400 FERNWOOD ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.80809</b> Amount of Each Disbursement this Period [ ] 397.19
City BETHESDA	State MD	Zip Code 20817
Purpose of Disbursement TRAVEL		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. PMI MONTHLY PARKING</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016
Mailing Address 1227 20TH ST NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.80809</b> Amount of Each Disbursement this Period [ ] 282.00
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement PARKING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016
Mailing Address 500 STAPLES DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.80809</b> Amount of Each Disbursement this Period [ ] 164.91
City FRAMINGHAM	State MA	Zip Code 01702
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 500 STAPLES DRIVE

City  
FRAMINGHAM

State  
MA

Zip Code  
01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2016			

FEC Identification Number

C

Transaction ID : SB21B.80809

Amount of Each Disbursement this Period

120.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE RITZ-CARLTON HOTELS**

Mailing Address 4445 WILLARD AVENUE, STE. 800

City  
CHEVY CHASE

State  
MD

Zip Code  
20815

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2016			

FEC Identification Number

C

Transaction ID : SB21B.80809

Amount of Each Disbursement this Period

1662.73

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2016			

FEC Identification Number

C

Transaction ID : SB21B.80809

Amount of Each Disbursement this Period

1318.32

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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  
10 / 03 / 2016

FEC Identification Number

C

Transaction ID : SB21B.80809

Amount of Each Disbursement this Period

757.15

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  
10 / 03 / 2016

FEC Identification Number

C

Transaction ID : SB21B.80809

Amount of Each Disbursement this Period

1576.20

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  
10 / 03 / 2016

FEC Identification Number

C

Transaction ID : SB21B.80809

Amount of Each Disbursement this Period

617.10

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"/> 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. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.80809  
Amount of Each Disbursement this Period  
700.39

Memo Item

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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.80810  
Amount of Each Disbursement this Period  
10675.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CESC 1730 M STREET LLC**

Mailing Address C/O VORNADO/CHARLES E. SMITH LPPO

City PITTSBURGH State PA Zip Code 15264

Purpose of Disbursement  
RENT

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.80805  
Amount of Each Disbursement this Period  
134779.56

Memo Item

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

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

146154.95

**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"/> 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. CESC 1730 M STREET LLC**

Mailing Address C/O VORNADO/CHARLES E. SMITH LPPO

City PITTSBURGH State PA Zip Code 15264

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.80810  
Amount of Each Disbursement this Period  
5032.75

Memo Item

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.80810  
Amount of Each Disbursement this Period  
4500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HILLTOP CONSULTANTS**

Mailing Address 4201 CONNECTICUT AVENUE NW, STE. 5

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
COMPUTER SERVICES/SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.80811  
Amount of Each Disbursement this Period  
374.25

Memo Item

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

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

9907.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. HOLLOWAY CONSULTING, INC.**

Mailing Address 2300 CLARENDON BLVD. STE. 1306

City  
ARLINGTON

State  
VA

Zip Code  
22201

Purpose of Disbursement  
FUNDRAISING CONSULTING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2016			

FEC Identification Number

C [ ]

Transaction ID : SB21B.80810

Amount of Each Disbursement this Period

[ ] 104.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. SANDLER-INNOCENZI**

Mailing Address 705 PRINCE STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
MEDIA CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2016			

FEC Identification Number

C [ ]

Transaction ID : SB21B.80811

Amount of Each Disbursement this Period

[ ] 30000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 30104.99

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

[ ] 236208.41

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

NAME OF COMMITTEE (In Full) <b>John Bolton Super PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00542464
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI INC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>PO BOX 1877</b>			Amount <input type="text"/>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22313</b>	<b>5876.76</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/Type <input type="text"/>	<b>Transaction ID : SE95956214</b>		
Name of Federal Candidate: <b>HASSAN, MARGARET, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			<b>655876.76</b>		

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI INC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>PO BOX 1877</b>			Amount <input type="text"/>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22313</b>	<b>125000.00</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/Type <input type="text"/>	<b>Transaction ID : SE9595458522</b>		
Name of Federal Candidate: <b>HASSAN, MARGARET, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			<b>655876.76</b>		

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

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

HOBBS, CABELL, , ,

*[Electronically Filed]*

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>John Bolton Super PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00542464</span> </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI INC</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 09 / 2016		
Mailing Address <b>PO BOX 1877</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      125000.00                 </div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure MEDIA		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Transaction ID : <b>SE9595357869</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 06 / 2016		
Name of Federal Candidate: AYOTTE, KELLY, , SEN.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: NH		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      655876.76                 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI INC</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 09 / 2016		
Mailing Address <b>PO BOX 1877</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      125000.00                 </div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure MEDIA		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Transaction ID : <b>SE9595384875478</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 06 / 2016		
Name of Federal Candidate: HECK, JOE, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: NV		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      600000.00                 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      250000.00                 </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      0.00                 </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      250000.00                 </div>

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

HOBBS, CABELL, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>John Bolton Super PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00542464</span> </div>
---	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI INC</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 09 / 2016		
Mailing Address <b>PO BOX 1877</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      125000.00                 </div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure MEDIA		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Transaction ID : <b>SE959596956321</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 06 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <b>MASTO, CATHERINE, CORTEZ, ,</b> <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> <b>600000.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI INC</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 09 / 2016		
Mailing Address <b>PO BOX 1877</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      125000.00                 </div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure MEDIA		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Transaction ID : <b>SE9595384875478_B</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 06 / 2016		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <b>BURR, RICHARD, , SEN.,</b> <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> <b>500000.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      250000.00                 </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      _____                 </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      _____                 </div>

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

*HOBBS, CABELL, ,*

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2016

Signature



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

NAME OF COMMITTEE (In Full) <b>John Bolton Super PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00542464                 </div>
---	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNELL DONATELLI INC</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 09 / 2016
Mailing Address <b>PO BOX 1877</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">125000.00</div>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22313</b>	Transaction ID : <b>SE9599304643</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 06 / 2016
Purpose of Expenditure <b>MEDIA</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>ROSS, DEBORAH, K., ,</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">500000.00</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px;"> </div>
City	State	Zip Code	Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>
Purpose of Expenditure		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">125000.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">755876.76</div>

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

\_\_\_\_\_  
 Signature
 

 Date M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2016

[Electronically Filed]