24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
John Bolton PAC	
	C C00542431
Check if 24-hour report X 48-hour report New report Amends	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
BULLHORN COMMUNICATIONS	07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 550 CONGRESSIONAL BLVD	
STE 390 PMB 1027	Amount
City State Zip Code	45813.57
CARMEL IN 46032	Transaction ID : SE24.1323 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type	07 / 26 / 2024
Name of Federal Candidate Suppor	t Office Sought: House District: 00
HOGAN, LARRY, , ,	President X Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2024 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
	Date of Dishumannant or Ohlington
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Suppor	rt Office Sought: House District:
Oppos	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	45813.57
(b) SUBTOTAL of Unitemized Independent Expenditures	····· >
(c) TOTAL Independent Expenditures	45813.57
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.	
	Date 07 26 2024
Signature	