

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

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

FOR LINE NUMBER: PAGE 197 OF 585

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

John Bolton PAC

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

A. JEZ, MICHAEL, , ,

Mailing Address 1305 SOMERSET CT.

City
COLLEYVILLE

State
TX

Zip Code
76034-4280

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
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
04 / 12 / 2017

Transaction ID : SA11A.164795

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. JOHNSON, JOSEPHINE, , MRS.,

Mailing Address 110 IOWA AVE

City
LINEVILLE

State
IA

Zip Code
50147-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BE

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
03 / 30 / 2017

Transaction ID : SA11A.158286

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. JOHNSON, JOSEPHINE, , MRS.,

Mailing Address 110 IOWA AVE

City
LINEVILLE

State
IA

Zip Code
50147-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BES

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
05 / 10 / 2017

Transaction ID : SA11A.165755

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

250.00