

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
 Check if different than previously reported. (ACC) **Washington DC 20036**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00542464 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **08** / **2016** in the State of

5. Covering Period **10** / **20** / **2016** through **11** / **28** / **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 **03** / **20** / **2017**

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

**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"/>		1636225.92
(b) Cash on Hand at Beginning of Reporting Period.....	1364486.80	
(c) Total Receipts (from Line 19)	163870.11	2621540.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1528356.91	4257766.70
7. Total Disbursements (from Line 31).....	1071680.20	3801089.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	456676.71	456676.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	163100.00	2616408.00
(ii) Unitemized	765.00	3629.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	163865.00	2620037.73
(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)	163865.00	2620037.73
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).....	0.00	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.).....	5.11	1425.55
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)).....▶	163870.11	2621540.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	163870.11	2621540.78

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	150168.04	1063701.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	150168.04	1063701.07
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)	721512.16	2527388.92
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).....	200000.00	210000.00
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)) ..	1071680.20	3801089.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1071680.20	3801089.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	163865.00	2620037.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	163865.00	2620037.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	150168.04	1063701.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	77.50
38. Net Operating Expenditures (subtract Line 37 from Line 36)	150168.04	1063623.57

**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 33
	<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. CALE, CHARLES, GRIFFIN, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 688

City PACIFIC PALISADES	State CA	Zip Code 90272-0688
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) INVESTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 26 / 2016
Transaction ID : SA11A.148565

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. CASTELLINI, ROBERT, H., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 ELM STREET

City CINCINNATI	State OH	Zip Code 45202-2739
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) CASTELLINI COMPANY		Occupation (for Individual) CHAIRMAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
10 / 26 / 2016
Transaction ID : SA11A.146511

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. CHILDS, JOHN, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 SAGO PALM ROAD

City VERO BEACH	State FL	Zip Code 32963-3702
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) JW CHILDS AND ASSOCIATES		Occupation (for Individual) CHAIRMAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 100000.00

Date of Receipt
10 / 26 / 2016
Transaction ID : SA11A.148562

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	56000.00
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 7 OF 33
	<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. COX, BOBBY, D., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5000 OVERTON PLAZA STE 300

City FORT WORTH	State TX	Zip Code 76109-4441
--------------------	-------------	------------------------

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

Name of Employer (for Individual) BOBBY COX COMPANIES	Occupation (for Individual) OWNER
--	--------------------------------------

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
10	/	26	/	2016

Transaction ID : SA11A.148564

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1160 WILSHIRE BLVD
STE 1840

City LOS ANGELES	State CA	Zip Code 90017-1904
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2016

Transaction ID : SA11A.149634

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. DONOVAN, JAMES, H., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1235 DELAPLANE GRADE ROAD

City UPPERVILLE	State VA	Zip Code 20184-1733
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GOLDMAN SACHS & CO.	Occupation (for Individual) INVESTMENT BANKER
--	--

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
11	/	04	/	2016

Transaction ID : SA11A.148577

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	32500.00
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 8 OF 33
	<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. EPSTEIN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5410 EDSON LANE, SUITE 300
 City ROCKVILLE State MD Zip Code 20852-3155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WILLOW ASSET MANAGEMENT Occupation (for Individual) EXECUTIVE
 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
 10 / 28 / 2016
Transaction ID : SA11A.149563
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

B. 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : SA11A.149591
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. ISAAC, PAUL, J., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 PROSPECT AVENUE
 City LARCHMONT State NY Zip Code 10538-3634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARBITER PARTNERS CAPITAL MGMT. Occupation (for Individual) ANALYST
 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
 11 / 07 / 2016
Transaction ID : SA11A.148711
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	15050.00
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 9 OF 33
	<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. KENWORTHY, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5807 S. COLORADO BLVD.
 City GREENWOOD VILLAGE State CO Zip Code 80121-1903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE
 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
 11 / 08 / 2016
Transaction ID : SA11A.149590
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. LEVY, EDWARD, C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 970 SHIRLEY RD
 City BIRMINGHAM State MI Zip Code 48009-3730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ED C. LEVY COMPANY Occupation (for Individual) PRESIDENT
 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
 10 / 26 / 2016
Transaction ID : SA11A.148566
 Amount of Each Receipt this Period
 15000.00
 Memo Item
 CONTRIBUTION

C. MCCORMACK, ROBERT, C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 POST RD
 City WESTERLY State RI Zip Code 02891-2633
 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 ▼ 25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2016
Transaction ID : SA11A.148712
 Amount of Each Receipt this Period
 25000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	40250.00
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 33
(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. PUZDER, ANDREW, F., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 570 MEADOW WOOD LN
 City MONTECITO State CA Zip Code 93108-2027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CKE RESTAURANTS PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2016
Transaction ID : SA11A.148563
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

B. STEINHARDT, MICHAEL, H., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 712 5TH AVE FLR 34
 City NEW YORK State NY Zip Code 10019-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF-EMPLOYED PHILANTHROPIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2016
Transaction ID : SA11A.149667
 Amount of Each Receipt this Period
 1800.00
 Memo Item
 CONTRIBUTION

C. STONE, REAGAN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24282 FM490
 City RAYMONDVILLE State TX Zip Code 78580-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF-EMPLOYED FARMING
 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
 11 / 01 / 2016
Transaction ID : SA11A.148153
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 9300.00
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 33
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
TIGAY, EYTAN A., , ,

Mailing Address **329 W. 4TH STREET**

City NEW YORK	State NY	Zip Code 10014-1901
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RHONE GROUP	Occupation (for Individual) MANAGING DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
10 / 26 / 2016

Transaction ID : SA11A.148560

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	163100.00

**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. SAMUELIAN, CHRISTINE, , ,		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 1730 M STREET NW STE 611		FEC Identification Number C [REDACTED] Transaction ID : SB30320147 Amount of Each Disbursement this Period [REDACTED] 605.60
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement PAYROLL		Category/ Type [REDACTED]
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 type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SAMUELIAN, CHRISTINE, , ,		Date of Disbursement MM / DD / YYYY 11 / 25 / 2016
Mailing Address 1730 M STREET NW STE 611		FEC Identification Number C [REDACTED] Transaction ID : SB5.32566 Amount of Each Disbursement this Period [REDACTED] 630.60
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement PAYROLL		Category/ Type [REDACTED]
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 type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SAMUELIAN, CHRISTINE, , ,		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 1730 M STREET NW STE 611		FEC Identification Number C [REDACTED] Transaction ID : SB5853.3258 Amount of Each Disbursement this Period [REDACTED] 605.60
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement PAYROLL		Category/ Type [REDACTED]
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 type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1841.80
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Bolton Super PAC

Full Name (Last, First, Middle Initial) A. SAMUELIAN, CHRISTINE, , ,		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 1730 M STREET NW STE 611		FEC Identification Number C [REDACTED] Transaction ID : SB585312 Amount of Each Disbursement this Period [REDACTED] 605.60
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement PAYROLL		Category/ Type [REDACTED]
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 type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TINSLEY, SARAH, , ,		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 1730 M STREET NW STE 611		FEC Identification Number C [REDACTED] Transaction ID : SB5.6981100 Amount of Each Disbursement this Period [REDACTED] 2506.15
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement PAYROLL		Category/ Type [REDACTED]
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 type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TINSLEY, SARAH, , ,		Date of Disbursement MM / DD / YYYY 11 / 25 / 2016
Mailing Address 1730 M STREET NW STE 611		FEC Identification Number C [REDACTED] Transaction ID : SB5.6988 Amount of Each Disbursement this Period [REDACTED] 2531.15
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement PAYROLL		Category/ Type [REDACTED]
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 type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 5642.90
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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, , ,		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 1730 M STREET NW STE 611		FEC Identification Number C [REDACTED] Transaction ID : SB57.6577 Amount of Each Disbursement this Period 2506.15
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement PAYROLL		Category/ Type [REDACTED]
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 type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TINSLEY, SARAH, , ,		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 1730 M STREET NW STE 611		FEC Identification Number C [REDACTED] Transaction ID : SB5740.346 Amount of Each Disbursement this Period 2506.17
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement PAYROLL		Category/ Type [REDACTED]
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 type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016
Mailing Address 6402 ARLINGTON BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB850.3255 Amount of Each Disbursement this Period 179.85
City FALLS CHURCH	State VA	Zip Code 22042
Purpose of Disbursement PAYROLL SERVICES		Category/ Type [REDACTED]
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 type="checkbox"/> Memo Item	

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

5192.17

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Bolton Super PAC

A. ADP

Full Name (Last, First, Middle Initial)
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) ▼

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C
Transaction ID : SB850.33201
Amount of Each Disbursement this Period: 4225.60

Memo Item

B. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C
Transaction ID : SB54120158
Amount of Each Disbursement this Period: 1315.55

Memo Item

C. BB&T VISA

Full Name (Last, First, Middle Initial)
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) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C
Transaction ID : SB320211
Amount of Each Disbursement this Period: 1207.54

Memo Item SUB-VENDORS REQUIRING ITEMIZATION ARE SHOWN BELOW

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6748.69

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Bolton Super PAC

Full Name (Last, First, Middle Initial)

A. 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
10 / 31 / 2016

FEC Identification Number

C

Transaction ID : SB4523688

Amount of Each Disbursement this Period

395.85

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
10 / 31 / 2016

FEC Identification Number

C

Transaction ID : SB626300144

Amount of Each Disbursement this Period

496.16

Memo Item

Full Name (Last, First, Middle Initial)

C. PMI MONTHLY PARKING

Mailing Address 1227 20TH ST NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C

Transaction ID : SB587441

Amount of Each Disbursement this Period

282.00

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"/> 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. ST. ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

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
10 / 31 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB9870.325

Amount of Each Disbursement this Period

[REDACTED] 403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
11 / 09 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB456123

Amount of Each Disbursement this Period

[REDACTED] 3811.87

Memo Item

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
11 / 18 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB456123_B

Amount of Each Disbursement this Period

[REDACTED] 300.00

Memo Item

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

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

[REDACTED] 4515.72

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Bolton Super PAC

Full Name (Last, First, Middle Initial)

A. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C []
Transaction ID : SB023.2145
Amount of Each Disbursement this Period
[] 4500.00 []

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATIONS

Mailing Address 117 N. ST. ASAPH ST.

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2016			

FEC Identification Number

C []
Transaction ID : SB636.21077
Amount of Each Disbursement this Period
[] 84.47 []

Memo Item

Full Name (Last, First, Middle Initial)

C. HILLTOP CONSULTANTS

Mailing Address 4201 CONNECTICUT AVE. NW
STE 500

City
WASHINGTON

State
DC

Zip Code
20008

Purpose of Disbursement
COMPUTER SERVICES/SUPPORT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2016			

FEC Identification Number

C []
Transaction ID : SB20.3587
Amount of Each Disbursement this Period
[] 416.39 []

Memo Item

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

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

5000.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Bolton Super PAC

Full Name (Last, First, Middle Initial)

A. HOLLOWAY CONSULTING INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2016

Mailing Address 2300 CLARENDON BLVD
STE 1306

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
FUNDRAISING CONSULTING

FEC Identification Number

C [REDACTED]

Transaction ID : SB3.452210
Amount of Each Disbursement this Period

[REDACTED] 37500.00

Candidate Name

Category/
Type

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

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. HOLLOWAY CONSULTING INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2016

Mailing Address 2300 CLARENDON BLVD
STE 1306

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
FUNDRAISING CONSULTING EXPENSE

FEC Identification Number

C [REDACTED]

Transaction ID : SB3.6588
Amount of Each Disbursement this Period

[REDACTED] 209.98

Candidate Name

Category/
Type

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

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. HOLLOWAY CONSULTING INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2016

Mailing Address 2300 CLARENDON BLVD
STE 1306

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
FUNDRAISING CONSULTING

FEC Identification Number

C [REDACTED]

Transaction ID : SB3.87553
Amount of Each Disbursement this Period

[REDACTED] 21600.00

Candidate Name

Category/
Type

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

Memo Item

State: District:

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

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

[REDACTED] 59309.98

[REDACTED]

**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

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 Y
11 / 04 / 2016

FEC Identification Number

C
Transaction ID : SB32.98665
Amount of Each Disbursement this Period
2000.00

Memo Item

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

M M / D D / Y Y Y Y Y Y
10 / 29 / 2016

FEC Identification Number

C
Transaction ID : SB32177.56
Amount of Each Disbursement this Period
26750.00

Memo Item

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

M M / D D / Y Y Y Y Y Y
10 / 24 / 2016

FEC Identification Number

C
Transaction ID : SB1520358
Amount of Each Disbursement this Period
13607.82

Memo Item

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

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

42357.82

**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"/> 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

M M / D D / Y Y Y Y Y Y
10 / 29 / 2016

FEC Identification Number

C

Transaction ID : SB25.3677

Amount of Each Disbursement this Period

11493.60

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2016

FEC Identification Number

C

Transaction ID : SB6840.322

Amount of Each Disbursement this Period

7825.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

19318.60

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

149928.54

**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"/> 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

A. FOUNDATION FOR AMERICAN SECURITY & FREEDOM

Full Name (Last, First, Middle Initial)

Mailing Address 1730 M STREET NW
STE 611

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement DONATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement: 10 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB653207745

Amount of Each Disbursement this Period: 200000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	200000.00
TOTAL This Period (last page this line number only).....▶	200000.00

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

NAME OF COMMITTEE (In Full) John Bolton Super PAC	FEC IDENTIFICATION NUMBER ▼ C 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 CONNELL DONATELLI INC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO BOX 1877		Amount <input type="text"/> 50000.00 Transaction ID : SE24.565200 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA	State VA	
Zip Code 22313	Category/ Type <input type="text"/>	
Purpose of Expenditure MEDIA		Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HASSAN, MARGARET, , ,
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HASSAN, MARGARET, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 405876.76		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 CONNELL DONATELLI INC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO BOX 1877		Amount <input type="text"/> 25000.00 Transaction ID : SE243211.333 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA	State VA	
Zip Code 22313	Category/ Type <input type="text"/>	
Purpose of Expenditure MEDIA		Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose AYOTTE, KELLY, , SEN.,
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose AYOTTE, KELLY, , SEN.,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 405876.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 75000.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL 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) John Bolton Super PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542464 </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 CONNELL DONATELLI INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016		
Mailing Address PO BOX 1877			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25000.00</div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure MEDIA		Category/Type 	Transaction ID : SE243211.3000 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support HASSAN, MARGARET, , , <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>NH</u>		
Calendar Year-To-Date Per Election for Office Sought 405876.76			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 CONNELL DONATELLI INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016		
Mailing Address PO BOX 1877			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure MEDIA		Category/Type 	Transaction ID : SE24.51010177 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2016		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support BURR, RICHARD, , SEN., <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 650000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">75000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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
12 / 07 / 2016

Signature

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

NAME OF COMMITTEE (In Full) John Bolton Super PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C 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 CONNELL DONATELLI INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016
Mailing Address PO BOX 1877			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div> Transaction ID : SE24.51033221 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
City ALEXANDRIA	State VA	Zip Code 22313	
Purpose of Expenditure MEDIA		Category/Type 	
Name of Federal Candidate: ROSS, DEBORAH, K., ,		<input type="checkbox"/> Support <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought ▶		<div style="border: 1px solid black; padding: 2px; text-align: right;">650000.00</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 CONNELL DONATELLI INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016
Mailing Address PO BOX 1877			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div> Transaction ID : SE24.5210336_B Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
City ALEXANDRIA	State VA	Zip Code 22313	
Purpose of Expenditure MEDIA		Category/Type 	
Name of Federal Candidate: AYOTTE, KELLY, , SEN.,		<input checked="" type="checkbox"/> Support <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>NH</u>
Calendar Year-To-Date Per Election for Office Sought ▶		<div style="border: 1px solid black; padding: 2px; text-align: right;">405876.76</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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HOBBS, CABELL, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 07 / 2016

Signature

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

NAME OF COMMITTEE (In Full) John Bolton Super PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C 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 CONNELL DONATELLI INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016		
Mailing Address PO BOX 1877			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 25000.00 </div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure MEDIA		Category/Type 	Transaction ID : SE24.51010177_B Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
Name of Federal Candidate: BURR, RICHARD, , SEN., <input checked="" type="checkbox"/> Support <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 ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 650000.00 </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 CONNELL DONATELLI INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016		
Mailing Address PO BOX 1877			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 25000.00 </div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure MEDIA		Category/Type 	Transaction ID : SE24.51010177_B_B Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
Name of Federal Candidate: ROSS, DEBORAH, K., , <input type="checkbox"/> Support <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>NC</u>		
Calendar Year-To-Date Per Election for Office Sought ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 650000.00 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 50000.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </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
 12 / 07 / 2016

Signature

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

NAME OF COMMITTEE (In Full) John Bolton Super PAC	FEC IDENTIFICATION NUMBER ▼ C 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 CONNELL DONATELLI INC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO BOX 1877		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE24.52005560
Purpose of Expenditure MEDIA		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: HECK, JOE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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 CONNELL DONATELLI INC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO BOX 1877		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE24.510277889
Purpose of Expenditure MEDIA		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL 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) John Bolton Super PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542464 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI INC			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2016		
Mailing Address PO BOX 1877			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">75000.00</div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure MEDIA		Category/Type 	Transaction ID : SE24.52654321 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016		
Name of Federal Candidate: HECK, JOE, , , <input checked="" type="checkbox"/> Support <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>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 850000.00			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 CONNELL DONATELLI INC			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2016		
Mailing Address PO BOX 1877			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">75000.00</div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure MEDIA		Category/Type 	Transaction ID : SE24.526963021 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016		
Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, , <input type="checkbox"/> Support <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 850000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">150000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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

MM / DD / YYYY
12 / 07 / 2016

Signature

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

NAME OF COMMITTEE (In Full) John Bolton Super PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C 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 SANDLER-INNOCENZI INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 04 / 2016</div>		
Mailing Address 705 PRINCE STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23859.00</div>		
City ALEXANDRIA	State VA	Zip Code 22314			
Purpose of Expenditure MEDIA		Category/Type 	Transaction ID : SE67810.33 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 23 / 2016</div>		
Name of Federal Candidate: HECK, JOE, , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 930833.96			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 SANDLER-INNOCENZI INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 04 / 2016</div>		
Mailing Address 705 PRINCE STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25525.20</div>		
City ALEXANDRIA	State VA	Zip Code 22314			
Purpose of Expenditure MEDIA		Category/Type 	Transaction ID : SE67810.33_B Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 23 / 2016</div>		
Name of Federal Candidate: HECK, JOE, , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 930833.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">49384.20</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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

12 / 07 / 2016

Signature

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

NAME OF COMMITTEE (In Full) John Bolton Super PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C 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 SANDLER-INNOCENZI INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Mailing Address 705 PRINCE STREET			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11929.50</div>		
City ALEXANDRIA	State VA	Zip Code 22314			
Purpose of Expenditure MEDIA		Category/Type 	Transaction ID : SE6000877 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2016		
Name of Federal Candidate: HECK, JOE, , , <input checked="" type="checkbox"/> Support <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>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 930833.96			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 SANDLER-INNOCENZI INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Mailing Address 705 PRINCE STREET			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11929.50</div>		
City ALEXANDRIA	State VA	Zip Code 22314			
Purpose of Expenditure MEDIA		Category/Type 	Transaction ID : SE695184 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2016		
Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, , <input type="checkbox"/> Support <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 930833.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">23859.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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HOBBS, CABELL, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 07 / 2016

Signature

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

NAME OF COMMITTEE (In Full) John Bolton Super PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542464 </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 SANDLER-INNOCENZI INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Mailing Address 705 PRINCE STREET			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7590.76</div>		
City ALEXANDRIA	State VA	Zip Code 22314			
Purpose of Expenditure MEDIA		Category/Type 	Transaction ID : SE6000877_B Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Name of Federal Candidate: HECK, JOE, , , <input checked="" type="checkbox"/> Support <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>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 930833.96			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 SANDLER-INNOCENZI INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Mailing Address 705 PRINCE STREET			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12762.60</div>		
City ALEXANDRIA	State VA	Zip Code 22314			
Purpose of Expenditure MEDIA		Category/Type 	Transaction ID : SE652.32144 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2016		
Name of Federal Candidate: BURR, RICHARD, , SEN., <input checked="" type="checkbox"/> Support <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 740678.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">20353.36</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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
 12 / 07 / 2016

Signature

