

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 994 / 7713
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input checked="" type="checkbox"/> 18 21

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 MCCAIN 2008, INC.

A. Full Name (Last, First, Middle Initial) MR. STEVEN CAMARA		Date of Receipt																				
Mailing Address 1624 KUHILANI STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	1		2	0	0	8													
City State Zip Code HONOLULU HI 96821-1430		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		60.00																				
Name of Employer Occupation QUEEN'S MEDICAL CENTER RESPIRATORY CARE PRACTITIONER		CONTRIBUTION																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA17.665490																				
Election Cycle-to-Date ▼ 260.00																						

B. Full Name (Last, First, Middle Initial) MR. JOSEPH F. CAMELLERIE		Date of Receipt																				
Mailing Address 413 W. MAIN STREET APARTMENT 104A		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	1		2	0	0	8													
City State Zip Code HUNTINGTON NY 11743-3215		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		500.00																				
Name of Employer Occupation RETIRED		CONTRIBUTION																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA17.646771																				
Election Cycle-to-Date ▼ 1600.00																						

C. Full Name (Last, First, Middle Initial) MR. ALEX C. CAMERON		Date of Receipt																				
Mailing Address 2330 DEER CREEK TRAIL		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	5		2	0	0	8													
City State Zip Code DEERFIELD BEACH FL 33442-1324		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		4600.00																				
Name of Employer Occupation SELF-EMPLOYED MORTGAGE BROKER		CONTRIBUTION																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		REFUND TO BE ISSUED																				
Election Cycle-to-Date ▼ 4600.00		Transaction ID: SA17.638597																				

SUBTOTAL of Receipts This Page (optional)	5160.00
TOTAL This Period (last page this line number only)	