

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

14 APR 15 PM 4:55

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF JOHN MCCAIN, INC.

ADDRESS (number and street)

228 S WASHINGTON STREET

SUITE 115

Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00540310

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

AZ

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

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

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

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

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

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

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

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

in the State of

5. Covering Period

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

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

2014

through

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

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

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

2014

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

Type or Print Name of Treasurer Keith A. Davis

Signature of Treasurer Keith A. Davis

Keith A. Davis

Date

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

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

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

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

14020214305

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF JOHN MCCAIN, INC.

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	310275.73	382882.73
(b) Total Contribution Refunds (from Line 20(d)) ..	69.00	2469.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..	310206.73	380413.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	136719.04	203582.97
(b) Total Offsets to Operating Expenditures (from Line 14) ..	0.00	3401.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ..	136719.04	200181.72
8. Cash on Hand at Close of Reporting Period (from Line 27) ..	1359399.12	
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	

For further information contact:

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

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

14020214306

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 99

Write or Type Committee Name

FRIENDS OF JOHN MCCAIN, INC.

Report Covering the Period: From:

M	M
01	01

 /

D	D
01	01

 /

Y	Y	Y	Y
2014	2014	2014	2014

 To:

M	M
03	03

 /

D	D
31	31

 /

Y	Y	Y	Y
2014	2014	2014	2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)..	208218.78	278668.78
(ii) Unitemized	12430.77	12587.77
(iii) TOTAL of contributions from individuals .	220649.55	291256.55
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)..	89626.18	91626.18
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	310275.73	382882.73
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	1188711.26
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..	0.00	3401.25
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	4225.06	5519.87
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	314500.79	1580515.11

14020214307

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	136719.04	203582.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ..	69.00	2469.00
(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 20(a), (b), and (c))...	69.00	2469.00
21. OTHER DISBURSEMENTS ..	5000.00	15064.02
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	141788.04	221115.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	1186686.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	314500.79
25. SUBTOTAL (add Line 23 and Line 24)...	1501187.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	141788.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	1359399.12

14020214308

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14

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)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. RICHARD C. ADKERSON

Mailing Address **P.O. BOX 61119**

City **NEW ORLEANS** State **LA** Zip Code **70161-1119**

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

Name of Employer **FREPORT-MC MORAN COPPER & GOLD** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082951**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD C. ADKERSON

Mailing Address **P.O. BOX 61119**

City **NEW ORLEANS** State **LA** Zip Code **70161-1119**

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

Name of Employer **FREPORT-MC MORAN COPPER & GOLD** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082968**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. AHMAD AGHABABA

Mailing Address **721 SAN LUIS RD**

City **BERKELEY** State **CA** Zip Code **94707-2029**

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

Name of Employer **THE CAR COMPANY** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11.3082990**

Amount of Each Receipt this Period
5200.00
 CONTRIBUTION

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

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

10400.00

14020214309

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. AHMAD AGHABABA

Mailing Address **721 SAN LUIS RD**

City **BERKELEY** State **CA** Zip Code **94707-2029**

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

Name of Employer **THE CAR COMPANY** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11.3082990B**

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. AHMAD AGHABABA

Mailing Address **721 SAN LUIS RD**

City **BERKELEY** State **CA** Zip Code **94707-2029**

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

Name of Employer **THE CAR COMPANY** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11.3083034**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. AIHAM J. ALSAMMARAE

Mailing Address **117 COVINGTON CT**

City **OAK BROOK** State **IL** Zip Code **60523-2575**

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

Name of Employer **KCI ENGINEERING CONSULTANTS** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11.3083076**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

250.00

14020214310

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

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

FOR LINE NUMBER: PAGE 7 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
AREF ALVANDY

Mailing Address **9755 DUFFER WAY**

City **MONTGOMERY VILLAGE** State **MD** Zip Code **20886-1303**

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

Name of Employer **E.L.S.** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3082993**

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROSS AMIN

Mailing Address **1012 CORNHILL WAY**

City **FOLSOM** State **CA** Zip Code **95630-6123**

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

Name of Employer **CAPITAL BOWL** Occupation **BUS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083024**

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL J. ARNOLD

Mailing Address **333 N. CENTRAL AVE.**

City **PHOENIX** State **AZ** Zip Code **85004-2121**

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

Name of Employer **FREEMPORT-MCMORAN** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083044**

Amount of Each Receipt this Period
5200.00
 CONTRIBUTION

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

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

8700.00

14020214311

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL J. ARNOLD

Mailing Address **333 N. CENTRAL AVE.**

City **PHOENIX** State **AZ** Zip Code **85004-2121**

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

Name of Employer **FREEPORT-MCMORAN** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
03 / 31 / 2014

Transaction ID : **SA11.3083044B**

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL J. ARNOLD

Mailing Address **333 N. CENTRAL AVE.**

City **PHOENIX** State **AZ** Zip Code **85004-2121**

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

Name of Employer **FREEPORT-MCMORAN** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
03 / 31 / 2014

Transaction ID : **SA11.3083293**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. JOHN R. AUGUSTINE

Mailing Address **2045 E. MISSOURI AVENUE**

City **PHOENIX** State **AZ** Zip Code **85016-3118**

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

Name of Employer **SELF-EMPLOYED** Occupation **AGRICULTURE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
03 / 31 / 2014

Transaction ID : **SA11.3083042**

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

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

2000.00

14020214312

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

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

FOR LINE NUMBER: PAGE 9 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. RICHARD N. BAER

Mailing Address **5700 S. CHERRY CIRCLE**

City **GREENWOOD VILLAGE** State **CO** Zip Code **80121-2167**

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

Name of Employer **LIBERTY MEDIA** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082952**

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT H. BALDWIN

Mailing Address **P.O. BOX 7700**

City **LAS VEGAS** State **NV** Zip Code **89177-0700**

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

Name of Employer **CITYCENTER HOLDINGS, L.L.C.** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082946**

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. HOLLY M. BOWER

Mailing Address **3516 KIRKWOOD DRIVE**

City **FAIRFAX** State **VA** Zip Code **22031-3828**

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

Name of Employer **SELF-EMPLOYED** Occupation **WEDDING CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : **SA11.3083012**

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

7000.00

14020214313

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. CHARLES H. BOWLING

Mailing Address **804 PONT CHARTRAIN DRIVE**

City **LAS VEGAS** State **NV** Zip Code **89145-8649**

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

Name of Employer **MGM RESORTS INTERNATIONAL** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082966**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER M. BOWLIN

Mailing Address **5115 N. 15TH STREET**

City **ARLINGTON** State **VA** Zip Code **22205-2620**

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

Name of Employer **BROWN RUDNICK** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **526.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : **SA11.3082935**

Amount of Each Receipt this Period
526.00
 CONTRIBUTION

IN-KIND: FACILITY RENTAL/CATERING

C. Full Name (Last, First, Middle Initial)
MR. DREW M. BROWN

Mailing Address **5219 N. CASA BLANCA DRIVE #39**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-6201**

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

Name of Employer **DMB ASSOCIATES, INC.** Occupation **REAL ESTATE DEVELOPMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083041**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

4126.00

14020214314

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
THE HON. HANK BROWN

Mailing Address **470 CIRCLE DRIVE**

City **DENVER** State **CO** Zip Code **80206-4111**

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

Name of Employer **BROWNSTEIN, HYATT, FARBER, SCHRECK** Occupation **SENIOR COUNSEL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
03 / 25 / 2014

Transaction ID : **SA11.3082945**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. HELEN BROWNSTEIN

Mailing Address **410 17TH ST., #2200**

City **DENVER** State **CO** Zip Code **80202-**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
03 / 19 / 2014

Transaction ID : **SA11.3082934**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DONALD V. BUDINGER

Mailing Address **6720 N. SCOTTSDALE ROAD, #355**

City **SCOTTSDALE** State **AZ** Zip Code **85253-4456**

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

Name of Employer **RODEL FOUNDATION** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
03 / 31 / 2014

Transaction ID : **SA11.3083040**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

3000.00

14020214315

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MS. LEE O. CAROSI

Mailing Address **519 S. LEE STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314-3817**

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

Name of Employer **STUDENT** Occupation **STUDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : **SA11.3082924**

Amount of Each Receipt this Period
1800.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. JAMES DANIEL CARPENTER

Mailing Address **2505 ANTHEM VILLAGE DR., #E594**

City **HENDERSON** State **NV** Zip Code **89052-5505**

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

Name of Employer **EYE & COSMETIC SURGERY, L.L.C.** Occupation **FOUNDER: EYE & COSMETIC SURGERY, L.L.C.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082964**

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. TIMOTHY CASHMAN

Mailing Address **2300 W. SAHARA AVE., STE. 110-16**

City **LAS VEGAS** State **NV** Zip Code **89102-4352**

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

Name of Employer **THE CASHMAN COMPANIES** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082965**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

4800.00

14020214316

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. ROBERT W. CHAMBERLIN

Mailing Address **3646 CUMBERLAND ST. NW**

City **WASHINGTON** State **DC** Zip Code **20008-2923**

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

Name of Employer **MCBEE STRATEGIC** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
MM / DD / YYYY
03 / 05 / 2014

Transaction ID : **SA11.3082812**

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PAUL CHARLTON

Mailing Address **6330 E. CALLE ROSA**

City **SCOTTSDALE** State **AZ** Zip Code **85251-4227**

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

Name of Employer **STEPTOE & JOHNSON, L.L.P.** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 21 / 2014

Transaction ID : **SA11.3082939**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM B. CUNNINGHAM

Mailing Address **207 N. VIEW TERRACE**

City **ALEXANDRIA** State **VA** Zip Code **22301-2607**

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

Name of Employer **POLARIS CONSULTING, L.L.C.** Occupation **CO-FOUNDER & PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11.3083017**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

6100.00

14020214317

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
THE HON. ALFONSE M. D'AMATO

Mailing Address **101 PARK AVENUE**
SUITE 2506

City **NEW YORK** State **NY** Zip Code **10178-2506**

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

Name of Employer **PARK STRATEGIES, L.L.C.** Occupation **MANAGING DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 13 / 2014

Transaction ID : **SA11.3082895**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DANIEL J. D'ARRIGO

Mailing Address **8514 VERDE PARK CIR.**

City **LAS VEGAS** State **NV** Zip Code **89129-2231**

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

Name of Employer **MGM RESORTS INTERNATIONAL** Occupation **C.F.O./TREASURER/EXEC. V.P.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082959**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD TODD DAVIS

Mailing Address **957 E. CEDAR DRIVE**

City **CHANDLER** State **AZ** Zip Code **85249-3322**

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

Name of Employer **LIFELock, INC.** Occupation **C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082974**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

6200.00

14020214318

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 99
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. BRIAN DEEVY

Mailing Address **3200 E. CHERRY CREEK SOUTH DR., ST**

City **DENVER** State **CO** Zip Code **80209-3244**

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

Name of Employer **RBC CAPITAL MARKETS CORP.** Occupation **BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
03 / 25 / 2014

Transaction ID : **SA11.3082947**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. NEAL D. DERMER

Mailing Address **7833 E. INSPIRATION DRIVE**

City **PARKER** State **CO** Zip Code **80138-8622**

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

Name of Employer **LIBERTY MEDIA CORPORATION** Occupation **VICE PRESIDENT, TREASURER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
03 / 28 / 2014

Transaction ID : **SA11.3082988**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT E. DIAMOND JR.

Mailing Address **135 E. 57TH STREET, FLOOR 25**

City **NEW YORK** State **NY** Zip Code **10022-2164**

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

Name of Employer **ATLAS MERCHANT BANK** Occupation **FOUNDER & C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
03 / 13 / 2014

Transaction ID : **SA11.3082902**

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

SEE REATTRIBUTION

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

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

8300.00

14020214319

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MRS. JENNIFER A. DIAMOND

Mailing Address **P.O. BOX 231441**

City **NEW YORK** State **NY** Zip Code **10023-0025**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 13 / 2014

Transaction ID : **SA11.3083035**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
MR. ROBERT E. DIAMOND JR.

Mailing Address **135 E. 57TH STREET, FLOOR 25**

City **NEW YORK** State **NY** Zip Code **10022-2164**

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

Name of Employer **ATLAS MERCHANT BANK** Occupation **FOUNDER & C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 13 / 2014

Transaction ID : **SA11.3082902B**

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. ROBERT J. DOTCHIN

Mailing Address **412 N. SAINT ASAPH STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314-2318**

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

Name of Employer **ADVOCACY GROUP** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
02 / 07 / 2014

Transaction ID : **SA11.3082646**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

500.00

500.00

14020214320

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

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

FOR LINE NUMBER: PAGE 17 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. LORENZO DOUMANI

Mailing Address **6245 W. POST ROAD**

City **LAS VEGAS** State **NV** Zip Code **89118-3455**

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

Name of Employer
CLUB HOUSE NEWS NETWORK Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082975**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN M. DOWD

Mailing Address **1529 CROWELL RD**

City **VIENNA** State **VA** Zip Code **22182-1514**

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

Name of Employer
AKIN, GUMP, STRAUSS, HAUER & FELD Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : **SA11.3082820**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CLARK P. DUMONT

Mailing Address **5019 PENSIER STREET**

City **LAS VEGAS** State **NV** Zip Code **89135-3279**

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

Name of Employer
MGM RESORTS INTERNATIONAL Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082956**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

6200.00

14020214321

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MEHRAN EBRAHIMI

Mailing Address **11136 BOAT HOUSE COURT**

City **RESTON** State **VA** Zip Code **20191-**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE AGENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11.3082995**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GREGG L. ENGLS

Mailing Address **2515 MCKINNEY AVE., STE. 1200**

City **DALLAS** State **TX** Zip Code **75201-1908**

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

Name of Employer **WHITEWAVE FOODS** Occupation **C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082958**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES A. FREEMAN

Mailing Address **1705 GLENVIEW DRIVE**

City **LAS VEGAS** State **NV** Zip Code **89134-6121**

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

Name of Employer **MGM RESORTS INTERNATIONAL** Occupation **CORPORATE FINANCE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082960**

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

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

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

6100.00

14020214322

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 99
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. BRAD FRIEDMUTTER

Mailing Address **9016 BALD EAGLE DRIVE**

City **LAS VEGAS** State **NV** Zip Code **89134-6188**

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

Name of Employer: **FRIEDMUTTER GROUP** Occupation **ARCHITECT / CEO & FOUNDER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082955**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN FRIEDMAN

Mailing Address **ONE BEEKMAN PLACE**

City **NEW YORK** State **NY** Zip Code **10022-8057**

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

Name of Employer: **STONE POINT CAPITAL** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
MM / DD / YYYY
03 / 13 / 2014

Transaction ID : **SA11.3082891**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN FRIEDMAN

Mailing Address **ONE BEEKMAN PLACE**

City **NEW YORK** State **NY** Zip Code **10022-8057**

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

Name of Employer: **STONE POINT CAPITAL** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
MM / DD / YYYY
03 / 13 / 2014

Transaction ID : **SA11.3082901**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

6200.00

14020214323

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. PATRICK A. GRANT

Mailing Address **106 S. UNIVERSITY BLVD.**
UNIT 4

City **DENVER** State **CO** Zip Code **80209-3234**

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

Name of Employer **N.W.S.S.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
03 / 28 / 2014

Transaction ID : **SA11.3083014**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KURT C. HALL

Mailing Address **12612 WHITE DEER DRIVE**

City **LITTLETON** State **CO** Zip Code **80127-6110**

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

Name of Employer **NATIONALCINE MEDIA, L.L.C.** Occupation **CHAIRMAN & C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082957**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. YVETTE D. HARRIS

Mailing Address **2064 SAPPHIRE VALLEY AVENUE**

City **HENDERSON** State **NV** Zip Code **89074-1534**

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

Name of Employer **MGM RESORTS INTERNATIONAL** Occupation **V.P. OF FINANCE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082963**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2500.00

14020214324

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 99
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. ROBERT C. HECKMAN

Mailing Address **143 MARTIN LN**

City **ALEXANDRIA** State **VA** Zip Code **22304-7748**

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

Name of Employer **CAPITAL CITY PARTNERS** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
03 / 31 / 2014

Transaction ID : **SA11.3083142**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MOZAFAR HONARMAND

Mailing Address **3733 HIDDEN SPRING COURT**

City **EL SOBRANTE** State **CA** Zip Code **94803-2145**

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

Name of Employer **SELF-EMPLOYED** Occupation **FLOWER SHOP OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
03 / 31 / 2014

Transaction ID : **SA11.3082994**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM J. HORNBUCKLE IV

Mailing Address **16 ANTHEM POINTE COURT**

City **HENDERSON** State **NV** Zip Code **89052-6605**

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

Name of Employer **MGM GRAND HOTEL/CASINO** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
03 / 25 / 2014

Transaction ID : **SA11.3082950**

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

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

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

7000.00

14020214325

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 OF 99
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM J. HORNBUCKLE IV

Mailing Address **16 ANTHEM POINTE COURT**

City **HENDERSON** State **NV** Zip Code **89052-6605**

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

Name of Employer **MGM GRAND HOTEL/CASINO** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082950B**

Amount of Each Receipt this Period
-2400.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION / REDESIGNATION REQUESTED
(AUTOMATIC) REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM J. HORNBUCKLE IV

Mailing Address **16 ANTHEM POINTE COURT**

City **HENDERSON** State **NV** Zip Code **89052-6605**

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

Name of Employer **MGM GRAND HOTEL/CASINO** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082971**

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
ALI A. KHOSRAVIAN

Mailing Address **5208 FARM POND LANE**

City **COLUMBIA** State **MD** Zip Code **21045-2233**

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

Name of Employer **BALTIMORE WASHINGTON MEDICAL CENTE** Occupation **PHARMACY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : **SA11.3083011**

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

2500.00

2500.00

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

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

14020214326

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 99
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
YVONNE KIGHT

Mailing Address **5011 GREENWAY DR.**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72116-6815**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
02 / 05 / 2014

Transaction ID : **SA11.3082630**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. EVAN A. KNISELY

Mailing Address **1005 TURKEY ROAD ROAD**

City **MCLEAN** State **VA** Zip Code **22102-**

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

Name of Employer **MACANDREWS & FORBES HOLDINGS, INC.** Occupation **SR. V.P., GOVERNMENT AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
MM / DD / YYYY
02 / 07 / 2014

Transaction ID : **SA11.3082645**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID M. KNOTT JR.

Mailing Address **485 UNDERHILL BLVD, STE. 205**

City **SYOSSET** State **NY** Zip Code **11791-3434**

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

Name of Employer **KNOTT PARTNERS** Occupation **MANAGING PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 13 / 2014

Transaction ID : **SA11.3082893**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

3850.00

14020214327

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

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

FOR LINE NUMBER: (check only one)	PAGE 24 OF 99
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MRS. VIRGINIA COMMANDER KNOTT

Mailing Address **232 CLEFT RD**

City **MILL NECK** State **NY** Zip Code **11765-1001**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 13 / 2014

Transaction ID : **SA11.3082890**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL V. KOSTIW

Mailing Address **6803 LUPINE LANE**

City **MCLEAN** State **VA** Zip Code **22101-1518**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
02 / 07 / 2014

Transaction ID : **SA11.3082644**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARC S. LAMPKIN

Mailing Address **1640 DAVIDSON RD**

City **MCLEAN** State **VA** Zip Code **22101-4306**

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

Name of Employer **BROWNSTEIN HYATT FARBER SCHRECK** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 18 / 2014

Transaction ID : **SA11.3082925**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

4600.00

14020214328

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
GORDON LARSON

Mailing Address **4917 RAVENSWOOD DR.**

City **SAN ANTONIO** State **TX** Zip Code **78227-**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **02 / 05 / 2014**

Transaction ID : **SA11.3082592**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DONALD A. LEWON

Mailing Address **2748 WILSHIRE DR.**

City **SALT LAKE CITY** State **UT** Zip Code **84109-1633**

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

Name of Employer **UTAH METAL WORKS, INC.** Occupation **COB**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **02 / 05 / 2014**

Transaction ID : **SA11.3082541**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GREGORY B. MAFFEI

Mailing Address **4175 S. HUMBOLDT ST.**

City **CHERRY HILLS VILLAGE** State **CO** Zip Code **80113-4818**

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

Name of Employer **LIBERTY MEDIA CORPORATION** Occupation **PRESIDENT & C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1168.33**

Date of Receipt **03 / 29 / 2014**

Transaction ID : **SA11.3082985**

Amount of Each Receipt this Period
1168.33
CONTRIBUTION

IN-KIND: CATERING

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

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

1668.33

14020214329

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

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

FOR LINE NUMBER: PAGE 26 OF 99
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. TEIMOOR MAKIPOUR

Mailing Address **12040 THOMAS AVENUE**

City **GREAT FALLS** State **VA** Zip Code **22066-**

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

Name of Employer **KOON'S TOYOTA** Occupation **AUTO TECHNICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 28 / 2014

Transaction ID : **SA11.3083010**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD MALLERY

Mailing Address **2201 E. GEORGIA AVENUE**

City **PHOENIX** State **AZ** Zip Code **85016-3512**

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

Name of Employer **SNELL & WILMER** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 27 / 2014

Transaction ID : **SA11.3082969**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN C. MALONE

Mailing Address **P.O. BOX 2630**

City **ELIZABETH** State **CO** Zip Code **80107-2630**

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

Name of Employer **LIBERTY MEDIA** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11.3083004**

Amount of Each Receipt this Period
5200.00
CONTRIBUTION

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

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

8800.00

14020214330

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

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

FOR LINE NUMBER: PAGE 27 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. JOHN C. MALONE

Mailing Address **P.O. BOX 2630**

City **ELIZABETH** State **CO** Zip Code **80107-2630**

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

Name of Employer **LIBERTY MEDIA** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt

MM	DD	YYYY
03	31	2014

Transaction ID : **SA11.3083004B**

Amount of Each Receipt this Period

-2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
MR. JOHN C. MALONE

Mailing Address **P.O. BOX 2630**

City **ELIZABETH** State **CO** Zip Code **80107-2630**

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

Name of Employer **LIBERTY MEDIA** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt

MM	DD	YYYY
03	31	2014

Transaction ID : **SA11.3083026**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
MR. WALTER B. MCCORMICK JR.

Mailing Address **607 14TH STREET NW
SUITE 400 U.S. TELECOM. ASSOCIATIO**

City **WASHINGTON** State **DC** Zip Code **20005-2073**

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

Name of Employer **U.S. TELECOM. ASSOCIATION** Occupation **PRESIDENT & C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt

MM	DD	YYYY
01	23	2014

Transaction ID : **SA11.3082383**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

1000.00

14020214331

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. JOHN M. MCMANUS

Mailing Address **10340 SUMMIT CANYON DRIVE**

City **LAS VEGAS** State **NV** Zip Code **89144-4339**

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

Name of Employer **MGM RESORTS** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082973**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PEYMANEH MIRSHAFIEI

Mailing Address **11552 ARROYO OAKS DRIVE**

City **LOS ALTOS HILLS** State **CA** Zip Code **94024-6527**

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

Name of Employer **SELF-EMPLOYED** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11.3082992**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DENNIS MITCHEM

Mailing Address **77 E. MISSOURI AVE., UNIT 63**

City **PHOENIX** State **AZ** Zip Code **85012-1376**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11.3083003**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

6200.00

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

14020214332

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

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

FOR LINE NUMBER: PAGE 29 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. LARRY A. MIZEL

Mailing Address **4350 S. MONACO ST., FL-5**

City **DENVER** State **CO** Zip Code **80237-3400**

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

Name of Employer **M.D.C. HOLDINGS** Occupation **BOARD CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082948**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NADER MOARENIAN

Mailing Address **1420 ESSEX WAY #2**

City **SAN JOSE** State **CA** Zip Code **95117-3721**

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

Name of Employer **SELF-EMPLOYED** Occupation **SOFTWARE Q.A. ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3082996**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NAGHMEH MOAZZAMI

Mailing Address **13979 GILL BROOK LANE**

City **CENTREVILLE** State **VA** Zip Code **20121-3098**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **MEDICAL STUDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : **SA11.3083009**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

4600.00

14020214333

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 99
(check only one)
 11a 11b 11c 11d 15
 12 13a 13b 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. JAMES R. MOFFETT

Mailing Address 1615 POYDRAS ST., FL-22

City State Zip Code
NEW ORLEANS LA 70112-1254

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

Name of Employer Occupation
FREEPORT-MCMORAN COPPER & GOLD, IN CHAIRMAN OF THE BOARD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt

M	M	M
03		

 /

D	D	D
31		

 /

Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	0	1	4						

Transaction ID : SA11.3083039

Amount of Each Receipt this Period
5200.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES R. MOFFETT

Mailing Address 1615 POYDRAS ST., FL-22

City State Zip Code
NEW ORLEANS LA 70112-1254

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

Name of Employer Occupation
FREEPORT-MCMORAN COPPER & GOLD, IN CHAIRMAN OF THE BOARD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt

M	M	M
03		

 /

D	D	D
31		

 /

Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	0	1	4						

Transaction ID : SA11.3083039B

Amount of Each Receipt this Period
-2600.00
CONTRIBUTION
[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. JAMES R. MOFFETT

Mailing Address 1615 POYDRAS ST., FL-22

City State Zip Code
NEW ORLEANS LA 70112-1254

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

Name of Employer Occupation
FREEPORT-MCMORAN COPPER & GOLD, IN CHAIRMAN OF THE BOARD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt

M	M	M
03		

 /

D	D	D
31		

 /

Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	0	1	4						

Transaction ID : SA11.3083291

Amount of Each Receipt this Period
2600.00
CONTRIBUTION
[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

5200.00

14020214334

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MEHRAN MOHAJER-SHOJAYI

Mailing Address **211 KINGSLEY WAY**

City **WOODSTOCK** State **GA** Zip Code **30188-5645**

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

Name of Employer **SELF-EMPLOYED** Occupation **CIVIL ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3082997**

Amount of Each Receipt this Period
1600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KARIM MORADI

Mailing Address **1108 ODYSSEY CT**

City **SAN JOSE** State **CA** Zip Code **95118-2772**

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

Name of Employer **CITY OF SAN FRANCISCO** Occupation **TECHNICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3082991**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SARA MORAVEJ

Mailing Address **200 YOAKUM PKWY, APT. 1109**

City **ALEXANDRIA** State **VA** Zip Code **22304-**

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

Name of Employer **WIPRO TECHNOLOGIES** Occupation **RISK & COMPLIANCE ANALYST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2014

Transaction ID : **SA11.3082987**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

IN-KIND: CATERING

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3600.00

14020214335

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

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

FOR LINE NUMBER: PAGE 32 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. JOHN MORK

Mailing Address **4100 E. MANSFIELD AVENUE**

City **DENVER** State **CO** Zip Code **80113-4252**

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

Name of Employer **ENERGY CORPORATION OF AMERICA** Occupation **PETROLEUM ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : **SA11.3083013**

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RANDY A. MORTON

Mailing Address **3600 LAS VEGAS BLVD S.**

City **LAS VEGAS** State **NV** Zip Code **89109-4303**

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

Name of Employer **BELLAGIO** Occupation **PRESIDENT & C.O.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082972**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHAEL MURRAY MD

Mailing Address **24311 N. 121ST PL.**

City **SCOTTSDALE** State **AZ** Zip Code **85255-5951**

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

Name of Employer **MAYO CLINIC** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083053**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3250.00

14020214336

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 OF 99
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MRS. HEATHER MURREN

Mailing Address **9101 W. SAHARA AVE., STE. 105-H9**

City **LAS VEGAS** State **NV** Zip Code **89117-5772**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082954**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES J. MURREN

Mailing Address **9101 W. SAHARA AVE., STE. 105-H9**

City **LAS VEGAS** State **NV** Zip Code **89117-5748**

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

Name of Employer **MGM GRAND, INC.** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082967**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TAHMINEH NEJADIAN

Mailing Address **1 SPINDRIFT CIR., APT. J**

City **PARKVILLE** State **MD** Zip Code **21234**

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

Name of Employer **NATIONAL INSTITUTES OF HEALTH** Occupation **DATA MANAGEMENT TECHNICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2324.45**

Date of Receipt
MM / DD / YYYY
03 / 29 / 2014

Transaction ID : **SA11.3082986**

Amount of Each Receipt this Period
2324.45
CONTRIBUTION

IN-KIND: CATERING

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

7524.45

14020214337

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 34 OF 99
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
THE HON. DON NICKLES

Mailing Address **903 CENTRILLION DRIVE**

City **MCLEAN** State **VA** Zip Code **22102-1443**

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

Name of Employer **THE NICKLES GROUP, L.L.C.** Occupation **CHAIRMAN & C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
03 / 06 / 2014

Transaction ID : **SA11.3082824**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AKBAR NIKOEI

Mailing Address **7520 NW 55TH STREET**

City **MIAMI** State **FL** Zip Code **33166-4220**

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

Name of Employer **CARTRONICS** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
03 / 31 / 2014

Transaction ID : **SA11.3082998**

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BERNARD R. OKUN

Mailing Address **6612 MAUGH ROAD**

City **MCLEAN** State **VA** Zip Code **22101-4021**

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

Name of Employer **THE O. TEAM** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
02 / 20 / 2014

Transaction ID : **SA11.3082663**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

3500.00

14020214338

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

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

FOR LINE NUMBER: PAGE 35 OF 99
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MS. DIANE M. PADEL FORD

Mailing Address **18104 S. SUMMER AVE.**

City **ARTESIA** State **CA** Zip Code **90701-**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
02 / 05 / 2014

Transaction ID : **SA11.3082566**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. DIANE M. PADEL FORD

Mailing Address **18104 S. SUMMER AVE.**

City **ARTESIA** State **CA** Zip Code **90701-**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
03 / 31 / 2014

Transaction ID : **SA11.3083065**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. DIANE M. PADEL FORD

Mailing Address **18104 S. SUMMER AVE.**

City **ARTESIA** State **CA** Zip Code **90701-**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
03 / 31 / 2014

Transaction ID : **SA11.3083066**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

300.00

14020214339

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. CHINTU PATEL

Mailing Address **32 LEGENDS CIRCLE**

City **MELVILLE** State **NY** Zip Code **11747-5302**

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

Name of Employer **AMNEAL PHARMACEUTICALS** Occupation **EXECUTIVE OFFICER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : **SA11.3082926**

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHIRAG PATEL

Mailing Address **12 WINDSOR DRIVE**

City **PINE BROOK** State **NJ** Zip Code **07058-9620**

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

Name of Employer **AMNEAL PHARMACEUTICALS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : **SA11.3082927**

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RON L. PROFILI

Mailing Address **33 OLD COACH RD**

City **NAPA** State **CA** Zip Code **94558-3858**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083070**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

4250.00

14020214340

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
MR. EDWARD MICHAEL RAHAL

Mailing Address **4101 CATHEDRAL AVENUE NW #707**

City State Zip Code
WASHINGTON DC 20016-3598

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

Name of Employer Occupation
E.M. RAHAL AND COMPANY PRESIDENT

Receipt For: 2016 Election Cycle-to-Date
 Primary General
 Other (specify) **500.00**

Date of Receipt

03 / 13 / 2014

Transaction ID : **SA11.3082894**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GEORGE A. RAMONAS

Mailing Address **414 3RD STREET SE**

City State Zip Code
WASHINGTON DC 20003-1930

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

Name of Employer Occupation
THE ADVOCACY GROUP ATTORNEY

Receipt For: 2016 Election Cycle-to-Date
 Primary General
 Other (specify) **1000.00**

Date of Receipt

02 / 07 / 2014

Transaction ID : **SA11.3082643**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MONIREH RAZAZAN

Mailing Address **2798 MILSTEAD WAY**

City State Zip Code
ROSEVILLE CA 95661-4092

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

Name of Employer Occupation
HARRIS CAR WASH MANAGER

Receipt For: 2016 Election Cycle-to-Date
 Primary General
 Other (specify) **1500.00**

Date of Receipt

03 / 31 / 2014

Transaction ID : **SA11.3082999**

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

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

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

3000.00

14020214341

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

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

FOR LINE NUMBER: PAGE 38 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. SCOTT W. REED

Mailing Address **5822 LAKEHURST AVE.**

City **DALLAS** State **TX** Zip Code **75230-5032**

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

Name of Employer **CHESAPEAKE ENTERPRISES** Occupation **CHAIRMAN/CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt

MM	DD	YYYY
01	22	2014

Transaction ID : **SA11.3082380**

Amount of Each Receipt this Period

5200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SCOTT W. REED

Mailing Address **5822 LAKEHURST AVE.**

City **DALLAS** State **TX** Zip Code **75230-5032**

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

Name of Employer **CHESAPEAKE ENTERPRISES** Occupation **CHAIRMAN/CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt

MM	DD	YYYY
01	22	2014

Transaction ID : **SA11.3082380B**

Amount of Each Receipt this Period

-2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. SCOTT W. REED

Mailing Address **5822 LAKEHURST AVE.**

City **DALLAS** State **TX** Zip Code **75230-5032**

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

Name of Employer **CHESAPEAKE ENTERPRISES** Occupation **CHAIRMAN/CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt

MM	DD	YYYY
01	22	2014

Transaction ID : **SA11.3082382**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5200.00

14020214342

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

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

FOR LINE NUMBER: PAGE 39 OF 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
STEPHEN REPLOGLE

Mailing Address **1409 LAWRENCE ST. NE**

City **WASHINGTON** State **DC** Zip Code **20017-2912**

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

Name of Employer **COVE STRATEGIES** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2014

Transaction ID : **SA11.3082611**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD L. ROBINSON

Mailing Address **39 POLO CLUB CIRCLE**

City **DENVER** State **CO** Zip Code **80209-3307**

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

Name of Employer **ROBINSON DAIRY, LLC** Occupation **EXECUTIVE CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : **SA11.3083006**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LORI C. ROGICH

Mailing Address **11847 OAKLAND HILLS DR.**

City **LAS VEGAS** State **NV** Zip Code **89141-6014**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083018**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

4100.00

14020214343

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

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

FOR LINE NUMBER: PAGE 40 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. SIGMUND A. ROGICH

Mailing Address **11920 SOUTHERN HIGHLANDS PKWY, STE**

City **LAS VEGAS** State **NV** Zip Code **89141-3272**

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

Name of Employer **ROGICH COMMUNICATIONS GROUP** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11.3083023**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD A. ROSENBAUM

Mailing Address **16 KENSINGTON RD**

City **SCARSDALE** State **NY** Zip Code **10583-2217**

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

Name of Employer **GREENBERG TRAURIG** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
MM / DD / YYYY
02 / 14 / 2014

Transaction ID : **SA11.3082660**

Amount of Each Receipt this Period
5200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD A. ROSENBAUM

Mailing Address **16 KENSINGTON RD**

City **SCARSDALE** State **NY** Zip Code **10583-2217**

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

Name of Employer **GREENBERG TRAURIG** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
MM / DD / YYYY
02 / 14 / 2014

Transaction ID : **SA11.3082660B**

Amount of Each Receipt this Period
-2600.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

7800.00

14020214344

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. RICHARD A. ROSENBAUM

Mailing Address **16 KENSINGTON RD**

City **SCARSDALE** State **NY** Zip Code **10583-2217**

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

Name of Employer **GREENBERG TRAUIG** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : **SA11.3083030**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
JOHN ROWLEY

Mailing Address **15501 N. DIAL BLVD**

City **SCOTTSDALE** State **AZ** Zip Code **85260-1615**

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

Name of Employer **I.C.E.** Occupation **C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2014

Transaction ID : **SA11.3082520**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM RUDIN

Mailing Address **345 PARK AVENUE**

City **NEW YORK** State **NY** Zip Code **10154-0004**

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

Name of Employer **RUDIN MANAGEMENT** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : **SA11.3082774**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

3100.00

14020214345

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
ZAHRA SADEAHPOUR

Mailing Address **P.O. BOX 380440**

City **CAMBRIDGE** State **MA** Zip Code **02238-0440**

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

Name of Employer **C.V.S./CAREMARK** Occupation **CLINICAL PHARMACIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11.3083000**

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CYRUS SAMET

Mailing Address **5024 BRAMPTON PKWY.**

City **ELLCOTT CITY** State **MD** Zip Code **21043-7423**

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

Name of Employer **BALTIMORE WASHINGTON MEDICAL CENTE** Occupation **PHARMACY MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 MM / DD / YYYY
03 / 28 / 2014

Transaction ID : **SA11.3083008**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. COREY I. SANDERS

Mailing Address **14 RIDGE BLOSSOM ROAD**

City **LAS VEGAS** State **NV** Zip Code **89135-3284**

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

Name of Employer **MGM RESORTS INTERNATIONAL** Occupation **C.O.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082961**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

6100.00

14020214346

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

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

FOR LINE NUMBER: PAGE 43 OF 99
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	15
	12		13a		13b		14		

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
ZAHRA SARIRI

A. Mailing Address **42261 PROVIDENCE RIDGE DRIVE**

City State Zip Code
CHANTILLY VA 20152-4373

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

Name of Employer Occupation
Z. BOYS TRUCKING PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) Election Cycle-to-Date
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : **SA11.3083007**

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. PENNY SARVER

Mailing Address **5710 N. YUCCA RD**

City State Zip Code
PARADISE VALLEY AZ 85253-5253

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) Election Cycle-to-Date
2600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083037**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT SARVER

Mailing Address **5710 YUCCA ROAD**

City State Zip Code
PARADISE VALLEY AZ 85253

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

Name of Employer Occupation
WESTERN ALLIANCE BANCORPORATION BANKER

Receipt For: 2016
 Primary General
 Other (specify) Election Cycle-to-Date
2600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083045**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

7700.00

14020214347

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MS. ANN ELISE SAUER

Mailing Address **6060 RIVER DR.**

City **MASON NECK** State **VA** Zip Code **22079-4126**

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

Name of Employer **INGLEE SAUER STRATEGIES, L.L.C.** Occupation **SELF-EMPLOYED CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt

M M M	D D D	Y Y Y Y Y Y Y Y
01	11	2014

Transaction ID : **SA11.3082353**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EDWARD SCHATZ

Mailing Address **34 AUDUBON LANE**

City **FLAGLER BEACH** State **FL** Zip Code **32136-4918**

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

Name of Employer **YELLOWSTONE LANDSCAPE GROUP** Occupation **LANDSCAPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt

M M M	D D D	Y Y Y Y Y Y Y Y
03	31	2014

Transaction ID : **SA11.3083180**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RANDALL J. SCHEUNEMANN

Mailing Address **206 ELK HIGHLANDS DR.**

City **WHITEFISH** State **MT** Zip Code **59937-8838**

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

Name of Employer **ORION STRATEGIES** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt

M M M	D D D	Y Y Y Y Y Y Y Y
03	05	2014

Transaction ID : **SA11.3082821**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

3850.00

14020214348

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MRS. CHRISTINE SCHWARZMAN

Mailing Address **345 PARK AVE., FL-31**

City **NEW YORK** State **NY** Zip Code **10154-3302**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083019**

Amount of Each Receipt this Period
5200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CHRISTINE SCHWARZMAN

Mailing Address **345 PARK AVE., FL-31**

City **NEW YORK** State **NY** Zip Code **10154-3302**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083019B**

Amount of Each Receipt this Period
-2600.00
 CONTRIBUTION
[MEMO ITEM]
 REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MRS. CHRISTINE SCHWARZMAN

Mailing Address **345 PARK AVE., FL-31**

City **NEW YORK** State **NY** Zip Code **10154-3302**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083028**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION
[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

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

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

5200.00

14020214349

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. MATTHEW SCULLY

Mailing Address **8989 N. GAINEY CETNER DRIVE #106**

City **SCOTTSDALE** State **AZ** Zip Code **85258-2111**

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

Name of Employer **SELF-EMPLOYED** Occupation **WRITER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083043**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER W. SHEAN

Mailing Address **670 CASTLE PINES DRIVE S.**

City **CASTLE ROCK** State **CO** Zip Code **80108-9098**

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

Name of Employer **LIBERTY INTERACTIVE CORPORATION** Occupation **C.F.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082953**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALBERT H. SMALL

Mailing Address **7116 GLENBROOK ROAD**

City **BETHESDA** State **MD** Zip Code **20814-1225**

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

Name of Employer **SOUTHERN ENGINEERING COMPANY** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : **SA11.3082933**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

3850.00

14020214350

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MITRA SOHRABINEJAD

Mailing Address **1326 BEAUJOLAIS LANE**

City **HOUSTON** State **TX** Zip Code **77077-3114**

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

Name of Employer **ST. JOSEPH HOSPITAL** Occupation **MEDICAL TECHNICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083001**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DON THRASHER

Mailing Address **6273 OVIETO AVENUE**

City **LAS VEGAS** State **NV** Zip Code **89131-3151**

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

Name of Employer **CIRCUS CIRCUS** Occupation **PRESIDENT/C.O.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082962**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANTHONY TOPAZI

Mailing Address **7341 KINGS A MTN RD**

City **VESTAVIA HILLS** State **AL** Zip Code **35242**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11.3083203**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

2500.00

14020214351

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

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

FOR LINE NUMBER: PAGE 48 OF 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
SHAHIN TOUTOUNCHI

Mailing Address **1077 GRAY FOX CIRCLE**

City **PLEASANTON** State **CA** Zip Code **94566-**

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

Name of Employer **XILINX** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt: **03 / 31 / 2014**

Transaction ID : **SA11.3083002**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID WALKER

Mailing Address **123 ESSEX RD**

City **CHESTNUT HILL** State **MA** Zip Code **02467-1318**

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

Name of Employer **CAMBRIDGE TRUST** Occupation **PORTFOLIO MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt: **03 / 31 / 2014**

Transaction ID : **SA11.3083212**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WARD HAWES WHITE

Mailing Address **3047 PORTER STREET NW**

City **WASHINGTON** State **DC** Zip Code **20008-3272**

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

Name of Employer **W.H.W. CONSULTING, L.L.C.** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt: **03 / 06 / 2014**

Transaction ID : **SA11.3082823**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

4100.00

14020214352

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

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

FOR LINE NUMBER: PAGE 49 OF 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
MR. DOUGLAS T. WHITNEYBELL

Mailing Address **3254 E. MALAPAI DRIVE**

City State Zip Code
PHOENIX AZ 85028-4970

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

Name of Employer Occupation
WHITNEYBELL PERRY, INC. ARCHITECT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y Y Y
03	31	2014

Transaction ID : SA11.3083038

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)

MR. BRUCE WINSTON

Mailing Address **516 CROSS RIVER ROAD**

City State Zip Code
KATONAH NY 10536

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

Name of Employer Occupation
BRUCE WINSTON GEM CORP. CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y Y Y
03	13	2014

Transaction ID : SA11.3082892

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	D D D	Y Y Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1500.00

208218.78

14020214353

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 OF 99

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
AIRBUS GROUP, INC. PAC

Mailing Address 2550 WASSER TERRACE, STE. 9000

City State Zip Code
HERNDON VA 20171-6382

FEC ID number of contributing federal political committee. **C** C00421230

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2014

Transaction ID : SA11.3083005

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN PUBLIC POWER ASSOCIATION

Mailing Address 2301 M STREET NW, STE. 300

City State Zip Code
WASHINGTON DC 20037-1427

FEC ID number of contributing federal political committee. **C** C00161570

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2014

Transaction ID : SA11.3082642

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
APSCU PAC

Mailing Address 1101 CONNECTICUT AVENUE NW
SUITE 900

City State Zip Code
WASHINGTON DC 20036-4346

FEC ID number of contributing federal political committee. **C** C00213066

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2014

Transaction ID : SA11.3082932

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

7000.00

14020214354

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 OF 99
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL PAC

Mailing Address **208 S. AKARD ST., STE. 2701**

City **DALLAS** State **TX** Zip Code **75202-4206**

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
01 / 08 / 2014

Transaction ID : **SA11.3082352**

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL PAC

Mailing Address **208 S. AKARD ST., STE. 2701**

City **DALLAS** State **TX** Zip Code **75202-4206**

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
02 / 07 / 2014

Transaction ID : **SA11.3082657**

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BROWN RUDNICK, L.L.P. FEDERAL PAC

Mailing Address **1 FINANCIAL CTR**

City **BOSTON** State **MA** Zip Code **02111-2621**

FEC ID number of contributing federal political committee. **C C00410613**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
526.18

Date of Receipt
03 / 26 / 2014

Transaction ID : **SA11.3083015**

Amount of Each Receipt this Period
526.18

CONTRIBUTION

IN-KIND: CATERING / FACILITY RENTAL

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

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

5526.18

14020214355

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 OF 99

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
BROWNSTEIN HYATT FARBER SCHRECK PAC

Mailing Address **410 17TH STREET, SUITE 2200**

City **DENVER** State **CO** Zip Code **80202-4432**

FEC ID number of contributing federal political committee. **C00390583**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
MM / DD / YYYY
02 / 07 / 2014

Transaction ID : **SA11.3082652**

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRYAN CAVE L.L.P. PAC

Mailing Address **1155 F ST. NW, STE. 700**

City **WASHINGTON** State **DC** Zip Code **20004-1312**

FEC ID number of contributing federal political committee. **C00332643**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 06 / 2014

Transaction ID : **SA11.3082825**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BURSON-MARSTELLER YOUNG & RUBICAM PAC

Mailing Address **1110 VERMONT AVENUE NW, STE. 1000**

City **WASHINGTON** State **DC** Zip Code **20005-3551**

FEC ID number of contributing federal political committee. **C00201863**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
02 / 07 / 2014

Transaction ID : **SA11.3082648**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

4000.00

14020214356

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 99

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. CAREER EDUCATION CORPORATION PAC

Mailing Address **PO BOX 77693**

City State Zip Code
WASHINGTON DC 20013-8693

FEC ID number of contributing federal political committee. **C C00461574**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M M 03	D D D 13	Y Y Y Y Y Y 2014
-------------	-------------	---------------------

Transaction ID : **SA11.3082898**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. CAREER EDUCATION CORPORATION PAC

Mailing Address **PO BOX 77693**

City State Zip Code
WASHINGTON DC 20013-8693

FEC ID number of contributing federal political committee. **C C00461574**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M M 03	D D D 13	Y Y Y Y Y Y 2014
-------------	-------------	---------------------

Transaction ID : **SA11.3082899**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. CISCO SYSTEMS EPAC

Mailing Address **20 PARK ROAD SUITE E**

City State Zip Code
BURLINGAME CA 94010-4443

FEC ID number of contributing federal political committee. **C C00362707**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt

M M M 03	D D D 25	Y Y Y Y Y Y 2014
-------------	-------------	---------------------

Transaction ID : **SA11.3082981**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

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

4500.00

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14020214357

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 OF 99
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
CITIZENS FOR RESPONSIBLE ENERGY SOLUTIONS

Mailing Address **455 MASSACHUSETTS AVENUE NW, #142**

City **WASHINGTON** State **DC** Zip Code **20001-2621**

FEC ID number of contributing federal political committee. **C C00553974**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
02 / 07 / 2014

Transaction ID : **SA11.3082647**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COCA-COLA COMPANY NONPARTISAN COMM. FOR GOOD GOVT.

Mailing Address **P.O. DRAWER 1734**

City **ATLANTA** State **GA** Zip Code **30301-1734**

FEC ID number of contributing federal political committee. **C C00012468**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
MM / DD / YYYY
02 / 07 / 2014

Transaction ID : **SA11.3082658**

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CTIA - THE WIRELESS ASSOCIATION PAC

Mailing Address **1400 16TH STREET NW, STE. 600**

City **WASHINGTON** State **DC** Zip Code **20036-2225**

FEC ID number of contributing federal political committee. **C C00262295**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 06 / 2014

Transaction ID : **SA11.3082826**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

4500.00

14020214358

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 OF 99

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
ECHOSTAR DISH NETWORK PAC

Mailing Address **1110 VERMONT AVE. NW, STE. 750**

City **WASHINGTON** State **DC** Zip Code **20005-6322**

FEC ID number of contributing federal political committee. **C00330647**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
03 / 25 / 2014

Transaction ID : **SA11.3082977**

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EHEALTH PAC

Mailing Address **1615 L. STREET NW SUITE 650**

City **WASHINGTON** State **DC** Zip Code **20036-5606**

FEC ID number of contributing federal political committee. **C00459289**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
03 / 18 / 2014

Transaction ID : **SA11.3082931**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FEDERAL EXPRESS PAC

Mailing Address **942 S. SHADY GROVE RD., 1ST FLR.**

City **MEMPHIS** State **TN** Zip Code **38120-4117**

FEC ID number of contributing federal political committee. **C00068692**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
03 / 05 / 2014

Transaction ID : **SA11.3082775**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

7000.00

14020214359

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 OF 99

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
FORD MOTOR COMPANY CIVIC ACTION FUND

Mailing Address **1350 I STREET NW SUITE 450**

City **WASHINGTON** State **DC** Zip Code **20005-7205**

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : **SA11.3082897**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY PAC

Mailing Address **1299 PENNSYLVANIA AVE. NW, STE. 90**

City **WASHINGTON** State **DC** Zip Code **20004-2400**

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : **SA11.3082653**

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GOOGLE NETPAC

Mailing Address **1101 NEW YORK AVENUE NW**
FLOOR 2

City **WASHINGTON** State **DC** Zip Code **20005-4344**

FEC ID number of contributing federal political committee. **C C00428623**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : **SA11.3082929**

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

5000.00

14020214360

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 OF 99

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
GPHA PAC

Mailing Address **777 6TH STREET NW, STE. 510**

City **WASHINGTON** State **DC** Zip Code **20001-4498**

FEC ID number of contributing federal political committee. **C00383463**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11.3083021**

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HOME DEPOT, INC. PAC

Mailing Address **1155 F STREET NW, STE. 400**

City **WASHINGTON** State **DC** Zip Code **20004-1346**

FEC ID number of contributing federal political committee. **C00284885**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11.3083022**

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LIBERTY INTERACTIVE CORPORATION PAC

Mailing Address **12300 LIBERTY BLVD.**

City **ENGLEWOOD** State **CO** Zip Code **80112-7009**

FEC ID number of contributing federal political committee. **C00442434**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11.3082980**

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9500.00

14020214361

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

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

FOR LINE NUMBER: PAGE 58 OF 99

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
LIBERTY MEDIA CORPORATION PAC

Mailing Address: 12300 LIBERTY BLVD.

City: ENGLEWOOD State: CO Zip Code: 80112-7009

FEC ID number of contributing federal political committee: **C** C00457705

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 03 / 25 / 2014

Transaction ID : SA11.3082979

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LIFEPOINT HOSPITALS INC. GOOD GOVERNMENT FUND

Mailing Address 103 POWELL COURT, SUITE 200

City: BRENTWOOD State: TN Zip Code: 37027-5079

FEC ID number of contributing federal political committee: **C** C00347955

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 03 / 13 / 2014

Transaction ID : SA11.3082896

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES' PAC

Mailing Address 2121 CRYSTAL DR., STE. 100

City: ARLINGTON State: VA Zip Code: 22202-3706

FEC ID number of contributing federal political committee: **C** C00303024

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 02 / 25 / 2014

Transaction ID : SA11.3082665

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

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

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

7500.00

14020214362

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 OF 99

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MAGAZINE PUBLISHERS OF AMERICA PAC

Mailing Address **1211 CONNECTICUT AVE. NW, STE. 610**

City **WASHINGTON** State **DC** Zip Code **20036-2705**

FEC ID number of contributing federal political committee: **C00035774**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : **SA11.3082650**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MCGUIREWOODS FEDERAL PAC FUND

Mailing Address **901 E. CARY STREET**
ONE JAMES CENTER

City **RICHMOND** State **VA** Zip Code **23219-4063**

FEC ID number of contributing federal political committee: **C00225342**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : **SA11.3082662**

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MEDNAX INC. PAC

Mailing Address **1301 CONCORD TERRACE**

City **SUNRISE** State **FL** Zip Code **33323-2843**

FEC ID number of contributing federal political committee: **C00469205**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : **SA11.3082656**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

4500.00

14020214363

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

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

FOR LINE NUMBER: PAGE 60 OF 99

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MORTGAGE BANKERS ASSOCIATION OF AMERICA PAC

Mailing Address 1919 M.STREET NW, FL-5

City WASHINGTON State DC Zip Code 20036-3572

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2014

Transaction ID : SA11.3082651

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NEW REPUBLICAN MAJORITY FUND

Mailing Address 201 N. UNION STREET, STE. 530

City ALEXANDRIA State VA Zip Code 22314-2648

FEC ID number of contributing federal political committee. **C** C00300483

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2014

Transaction ID : SA11.3082827

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1 CONSTITUTION AVE. NE

City WASHINGTON State DC Zip Code 20002-5618

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2014

Transaction ID : SA11.3082649

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

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

6000.00

14020214364

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 OF 99
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
PINNACLE WEST CAPITAL CORPORATION PAC

Mailing Address: 801 PENNSYLVANIA AVE. NW, STE. 214

City: WASHINGTON State: DC Zip Code: 20004-2680

FEC ID number of contributing federal political committee: **C** C00015933

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 01 / 28 / 2014

Transaction ID : SA11.3082385

Amount of Each Receipt this Period: 5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PITNEY BOWES INC. PAC

Mailing Address: 1 ELMCROFT RD, MSC 6320

City: STAMFORD State: CT Zip Code: 06926-0700

FEC ID number of contributing federal political committee: **C** C00339499

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 02 / 14 / 2014

Transaction ID : SA11.3082661

Amount of Each Receipt this Period: 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PRUDENTIAL FINANCIAL INC. PAC

Mailing Address: 751 BROAD STREET, FL-14

City: NEWARK State: NJ Zip Code: 07102-3714

FEC ID number of contributing federal political committee: **C** C00127779

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11.3083020

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

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

8000.00

14020214365

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 OF 99

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
RIO TINTO AMERICA INC. PAC

Mailing Address **4700 DAYBREAK PKWY.**

City **SOUTH JORDAN** State **UT** Zip Code **84095-5120**

FEC ID number of contributing federal political committee. **C00243675**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2500.00**

Date of Receipt
03 / 25 / 2014

Transaction ID : **SA11.3082978**

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROCHE INC. GOOD GOVERNMENT COMMITTEE

Mailing Address **340 KINGSLAND STREET**

City **NUTLEY** State **NJ** Zip Code **07110-1150**

FEC ID number of contributing federal political committee. **C00072769**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1000.00**

Date of Receipt
03 / 28 / 2014

Transaction ID : **SA11.3082989**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SALT RIVER PROJECT POLITICAL INVOLVEMENT CMTE

Mailing Address **P.O. BOX 52025**

City **PHOENIX** State **AZ** Zip Code **85072-2025**

FEC ID number of contributing federal political committee. **C00048579**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2000.00**

Date of Receipt
02 / 07 / 2014

Transaction ID : **SA11.3082655**

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

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

5500.00

14020214366

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 OF 99

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
SENATE MAJORITY FUND

Mailing Address **P.O. BOX 32025**

City **PHOENIX** State **AZ** Zip Code **85064-2025**

FEC ID number of contributing federal political committee. **C00368431**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11.3082976**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SOUTHERN COMPANY EMPLOYEES PAC

Mailing Address **241 RALPH MCGILL BLVD. NE**

City **ATLANTA** State **GA** Zip Code **30308-3374**

FEC ID number of contributing federal political committee. **C00144774**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2014

Transaction ID : **SA11.3082664**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STARR INSURANCE HOLDINGS INC., PAC

Mailing Address **399 PARK AVE., FL-17**

City **NEW YORK** State **NY** Zip Code **10022-4614**

FEC ID number of contributing federal political committee. **C00509331**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : **SA11.3082900**

Amount of Each Receipt this Period
3000.00
 CONTRIBUTION

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

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

6600.00

14020214367

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 OF 99
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
TIME WARNER CABLE FEDERAL PAC

Mailing Address **901 F. STREET NW**
SUITE 800

City **WASHINGTON** State **DC** Zip Code **20004-1477**

FEC ID number of contributing federal political committee. **C** **C00431551**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
MM / DD / YYYY
03 / 18 / 2014

Transaction ID : **SA11.3082930**

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS, INC.

Mailing Address **1300 I. STREET NW**
VERIZON WIRELESS GOOD GOVERNMENT C

City **WASHINGTON** State **DC** Zip Code **20005-3306**

FEC ID number of contributing federal political committee. **C** **C00186288**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
MM / DD / YYYY
03 / 18 / 2014

Transaction ID : **SA11.3082928**

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

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

4500.00

89626.18

14020214368

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 OF 99
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
CAMPAIGN SOLUTIONS

Mailing Address **117 N ST ASAPH ST**

City **ALEXANDRIA** State **VA** Zip Code **22314**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA15.4**

Amount of Each Receipt this Period
4198.73
LIST RENTAL INCOME

B. Full Name (Last, First, Middle Initial)
JP MORGAN CHASE BANK

Mailing Address **10300 W THUNDERBIRD BLVD**

City **SUN CITY** State **AZ** Zip Code **85351**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
01 / 31 / 2014

Transaction ID : **SA15.1**

Amount of Each Receipt this Period
10.67
INTEREST EARNINGS

C. Full Name (Last, First, Middle Initial)
JP MORGAN CHASE BANK

Mailing Address **10300 W THUNDERBIRD BLVD**

City **SUN CITY** State **AZ** Zip Code **85351**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
02 / 28 / 2014

Transaction ID : **SA15.2**

Amount of Each Receipt this Period
6.67
INTEREST EARNINGS

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

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

4216.07

14020214369

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 OF 99

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
JP MORGAN CHASE BANK

Mailing Address **10300 W THUNDERBIRD BLVD**

City **SUN CITY** State **AZ** Zip Code **85351**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA15.3**

Amount of Each Receipt this Period
 _____ **8.99**

INTEREST EARNINGS

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

_____ **8.99**

_____ **4225.06**

14020214370

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 99

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. MR. CHRISTOPHER M. BOWLIN

Mailing Address **5115 N. 15TH STREET**

City **ARLINGTON** State **VA** Zip Code **22205-2620**

Purpose of Disbursement
IN-KIND: FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
03	19	2014

Amount of Each Disbursement this Period

526.00

Transaction ID : **SB17.3082935**

B. ELIZABETH CONATSER

Mailing Address **PO BOX 29576**

City **WASHINGTON** State **DC** Zip Code **20017**

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
02	25	2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : **SB17.21**

C. AMBER JOHNSON

Mailing Address **PO BOX 16664**

City **ARLINGTON** State **VA** Zip Code **22215**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
01	15	2014

Amount of Each Disbursement this Period

3129.34

Transaction ID : **SB17.27**

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

5155.34

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

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14020214371

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 99

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. AMBER JOHNSON

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 16664

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 3129.34

Transaction ID : SB17.29

Category/Type

B. AMBER JOHNSON

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 16664

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 14 / 2014

Amount of Each Disbursement this Period: 3129.34

Transaction ID : SB17.31

Category/Type

C. AMBER JOHNSON

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 16664

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 28 / 2014

Amount of Each Disbursement this Period: 3129.34

Transaction ID : SB17.33

Category/Type

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

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

9388.02

14020214372

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

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. AMBER JOHNSON

Mailing Address **PO BOX 16664**

City **ARLINGTON** State **VA** Zip Code **22215**

Purpose of Disbursement
PAYROLL

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
03 / 14 / 2014

Amount of Each Disbursement this Period
3129.34

Transaction ID : **SB17.35**

Category/Type

Full Name (Last, First, Middle Initial)
B. AMBER JOHNSON

Mailing Address **PO BOX 16664**

City **ARLINGTON** State **VA** Zip Code **22215**

Purpose of Disbursement
PAYROLL

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
03 / 31 / 2014

Amount of Each Disbursement this Period
3129.34

Transaction ID : **SB17.37**

Category/Type

Full Name (Last, First, Middle Initial)
C. MR. GREGORY B. MAFFEI

Mailing Address **4175 S. HUMBOLDT ST.**

City **CHERRY HILLS VILLAGE** State **CO** Zip Code **80113-4818**

Purpose of Disbursement
IN-KIND: CATERING

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **2016**

State: District:

Date of Disbursement
 M M / D D / Y Y Y Y
03 / 29 / 2014

Amount of Each Disbursement this Period
1168.33

Transaction ID : **SB17.3082985**

Category/Type

SUBTOTAL of Disbursements. This Page (optional)..... **7427.01**

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

14020214373

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. SARA MORAVEJ

Mailing Address **200 YOAKUM PKWY, APT. 1109**

City **ALEXANDRIA** State **VA** Zip Code **22304-3760**

Purpose of Disbursement
IN-KIND: CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 29 / 2014

Amount of Each Disbursement this Period
1000.00

Transaction ID : **SB17.3082987**

Category/
Type

Full Name (Last, First, Middle Initial)
B. TAHMINEH NEJADIAN

Mailing Address **1 SPINDRIFT CIR., APT. J**

City **PARKVILLE** State **MD** Zip Code **21234-2344**

Purpose of Disbursement
IN-KIND: CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 29 / 2014

Amount of Each Disbursement this Period
2324.45

Transaction ID : **SB17.3082986**

Category/
Type

Full Name (Last, First, Middle Initial)
C. SALVATORE PURPURA

Mailing Address **2701 N OCEAN BLVD**

City **FT LAUDERDALE** State **FL** Zip Code **33308**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 15 / 2014

Amount of Each Disbursement this Period
564.59

Transaction ID : **SB17.28**

Category/
Type

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

3889.04

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

14020214374

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. SALVATORE PURPURA

Mailing Address 2701 N OCEAN BLVD

City State Zip Code
FT LAUDERDALE FL 33308

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement.

M M M	D D D	Y Y Y Y Y Y
01	31	2014

Amount of Each Disbursement this Period

564.59

Transaction ID : SB17.30

Category/Type

B. SALVATORE PURPURA

Mailing Address 2701 N OCEAN BLVD

City State Zip Code
FT LAUDERDALE FL 33308

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
02	14	2014

Amount of Each Disbursement this Period

564.59

Transaction ID : SB17.32

Category/Type

C. SALVATORE PURPURA

Mailing Address 2701 N OCEAN BLVD

City State Zip Code
FT LAUDERDALE FL 33308

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
02	28	2014

Amount of Each Disbursement this Period

564.59

Transaction ID : SB17.34

Category/Type

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

1693.77

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

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14020214375

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
---	------------------------------------	-------------------------------------	------------------------------------

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. SALVATORE PURPURA

Full Name (Last, First, Middle Initial)
Mailing Address 2701 N OCEAN BLVD

City FT LAUDERDALE State FL Zip Code 33308

Purpose of Disbursement
PAYROLL

Candidate Name

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

State: District:

Date of Disbursement: 03 / 14 / 2014

Amount of Each Disbursement this Period: 564.59

Transaction ID : SB17.36

Category/Type

B. SALVATORE PURPURA

Full Name (Last, First, Middle Initial)
Mailing Address 2701 N OCEAN BLVD

City FT LAUDERDALE State FL Zip Code 33308

Purpose of Disbursement
PAYROLL

Candidate Name

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

State: District:

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 564.59

Transaction ID : SB17.38

Category/Type

C. SALVATORE PURPURA

Full Name (Last, First, Middle Initial)
Mailing Address 2701 N OCEAN BLVD

City FT LAUDERDALE State FL Zip Code 33308

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

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

State: District:

Date of Disbursement: 01 / 05 / 2014

Amount of Each Disbursement this Period: 2418.75

Transaction ID : SB17.6

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 3547.93

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

14020214376

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. MARSHALL SALTER

Full Name (Last, First, Middle Initial)
MARSHALL SALTER

Mailing Address 308 W MYRTLE ST

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 31 / 2014

Amount of Each Disbursement this Period
6000.00

Transaction ID : SB17.4

B. MARSHALL SALTER

Full Name (Last, First, Middle Initial)
MARSHALL SALTER

Mailing Address 308 W MYRTLE ST

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 04 / 2014

Amount of Each Disbursement this Period
6000.00

Transaction ID : SB17.5

C. MICHELLE SHIPLEY

Full Name (Last, First, Middle Initial)
MICHELLE SHIPLEY

Mailing Address 2114 E MONTEBELLO AVE

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 26 / 2014

Amount of Each Disbursement this Period
381.22

Transaction ID : SB17.58

SUBTOTAL of Disbursements This Page (optional)..... 12381.22

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

14020214377

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. ALLSTATE SELF-STORAGE

Mailing Address **4747 N 16TH ST**

City **PHOENIX** State **AZ** Zip Code **85016**

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
03 / 19 / 2014

Amount of Each Disbursement this Period
787.98

Transaction ID : **SB17.59**

Category/Type

Full Name (Last, First, Middle Initial)
B. AMERICAN EXPRESS

Mailing Address **PO BOX 1270**

City **NEWARK** State **NJ** Zip Code **07101**

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 05 / 2014

Amount of Each Disbursement this Period
75.29

Transaction ID : **SB17.11**

Category/Type

Full Name (Last, First, Middle Initial)
C. AMERICAN EXPRESS

Mailing Address **PO BOX 1270**

City **NEWARK** State **NJ** Zip Code **07101**

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:
MM / DD / YYYY
03 / 04 / 2014

Amount of Each Disbursement this Period
0.26

Transaction ID : **SB17.14**

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... **863.53**

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

14020214378

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. AMERICAN EXPRESS

Mailing Address **PO BOX 1270**

City **NEWARK** State **NJ** Zip Code **07101**

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 06 / 2014

Amount of Each Disbursement this Period
567.64

Transaction ID : **SB17.8**

Category/Type

Full Name (Last, First, Middle Initial)
B. CAMPAIGN SOLUTIONS

Mailing Address **117 N ST ASAPH ST**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement
WEB SERVICE

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 06 / 2014

Amount of Each Disbursement this Period
4353.78

Transaction ID : **SB17.61**

Category/Type

Full Name (Last, First, Middle Initial)
C. CAMPAIGN SOLUTIONS

Mailing Address **117 N ST ASAPH ST**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement
WEB SERVICE

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 10 / 2014

Amount of Each Disbursement this Period
2429.64

Transaction ID : **SB17.62**

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... **7351.06**

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

14020214379

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

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

FOR LINE NUMBER: (check only one)
 17
 18
 19a
 19b
 20a
 20b
 20c
 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

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
WEB SERVICE

Candidate Name

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

State: District:

Date of Disbursement
 / /

Amount of Each Disbursement this Period

Transaction ID : **SB17.63**

Category/Type

Full Name (Last, First, Middle Initial)
B. CAMPAIGN SOLUTIONS

Mailing Address **117 N ST ASAPH ST**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement
WEB SERVICE

Candidate Name

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

State: District:

Date of Disbursement
 / /

Amount of Each Disbursement this Period

Transaction ID : **SB17.64**

Category/Type

Full Name (Last, First, Middle Initial)
C. CAPLIN & DRYSDALE

Mailing Address **ONE THOMAS CIR NW STE 1100**

City **WASHINGTON** State **DC** Zip Code **20005**

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

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

State: District:

Date of Disbursement
 / /

Amount of Each Disbursement this Period

Transaction ID : **SB17.24**

Category/Type

SUBTOTAL of Disbursements. This Page (optional)

TOTAL This Period (last page this line number only)

14020214380

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. CAPLIN & DRYSDALE

Mailing Address **ONE THOMAS CIR NW STE 1100**

City **WASHINGTON** State **DC** Zip Code **20005**

Purpose of Disbursement
LEGAL 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
02 / 03 / 2014

Amount of Each Disbursement this Period

840.00

Transaction ID : SB17.25

B. CAPLIN & DRYSDALE

Mailing Address **ONE THOMAS CIR NW STE 1100**

City **WASHINGTON** State **DC** Zip Code **20005**

Purpose of Disbursement
LEGAL 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
03 / 05 / 2014

Amount of Each Disbursement this Period

1178.00

Transaction ID : SB17.26

C. CHAIN BRIDGE BANK

Mailing Address **1445 A LAUGHLIN AVE**

City **MCLEAN** State **VA** Zip Code **22101**

Purpose of Disbursement
BANK FEE

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
01 / 15 / 2014

Amount of Each Disbursement this Period

30.44

Transaction ID : SB17.1

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

2048.44

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

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14020214381

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 1445 A LAUGHLIN AVE		Amount of Each Disbursement this Period 21.11
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Transaction ID : SB17.2
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 15 / 2014
Mailing Address 1445 A LAUGHLIN AVE		Amount of Each Disbursement this Period 12.37
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Transaction ID : SB17.3
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) C. CMDI INC		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 183.21
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.10
Candidate Name	Category/ Type	
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:		

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

216.69

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

14020214382

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)

A. CMDI INC

Mailing Address 1593 SPRING HILL RD

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y
02	25	2014

Amount of Each Disbursement this Period

130.09

Transaction ID : SB17.12

Category/ Type

B. CMDI INC

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y
03	04	2014

Amount of Each Disbursement this Period

175.54

Transaction ID : SB17.13

Category/ Type

C. CMDI INC

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y
02	01	2014

Amount of Each Disbursement this Period

2003.22

Transaction ID : SB17.17

Category/ Type

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

2308.85

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

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14020214383

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 99			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. CMDI INC

Mailing Address **1593 SPRING HILL RD**

City **TYSONS CORNER** State **VA** Zip Code **22182**

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 04 / 2014

Amount of Each Disbursement this Period
2000.00

Transaction ID : **SB17.18**

Full Name (Last, First, Middle Initial)
B. CMDI INC

Mailing Address **1593 SPRING HILL RD**

City **TYSONS CORNER** State **VA** Zip Code **22182**

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 03 / 2014

Amount of Each Disbursement this Period
72.64

Transaction ID : **SB17.7**

Full Name (Last, First, Middle Initial)
C. EDONATION

Mailing Address **117 N ST ASAPH ST**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 05 / 2014

Amount of Each Disbursement this Period
476.01

Transaction ID : **SB17.15**

SUBTOTAL of Disbursements This Page (optional)..... **2548.65**

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

14020214384

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

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

FOR LINE NUMBER:
(check only one)

PAGE 81 OF 99

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial) A. EDONATION		Date of Disbursement MM / DD / YYYY 02 / 05 / 2014
Mailing Address 117 N ST ASAPH ST		Amount of Each Disbursement this Period 1724.83 Transaction ID : SB17.16
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement CREDIT CARD MERCHANT FEE/LIST RENTAL	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. EDONATION		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 117 N ST ASAPH ST		Amount of Each Disbursement this Period 1167.17 Transaction ID : SB17.72
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C. EDONATION		Date of Disbursement MM / DD / YYYY 01 / 07 / 2014
Mailing Address 117 N ST ASAPH ST		Amount of Each Disbursement this Period 3.82 Transaction ID : SB17.9
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2895.82
TOTAL This Period (last page this line number only).....	

14020214385

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)

A. EUDY COMPANY

Mailing Address 4200 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
02	27	2014

Amount of Each Disbursement this Period

5048.60

Transaction ID : SB17.22

Category/
Type

B. EUDY COMPANY

Mailing Address 4200 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
01	27	2014

Amount of Each Disbursement this Period

5151.13

Transaction ID : SB17.65

Category/
Type

C. EUDY COMPANY

Mailing Address 4200 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
03	05	2014

Amount of Each Disbursement this Period

4715.50

Transaction ID : SB17.71

Category/
Type

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

14915.23

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

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14020214386

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

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. FIOLA

Mailing Address **601 PENNSYLVANIA AVE, NW**

City **WASHINGTON** State **DC** Zip Code **20004**

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 05 / 2014

Amount of Each Disbursement this Period
4715.50

Transaction ID : **SB17.122**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. FIRST BANKCARD

Mailing Address **PO BOX 2340**

City **OMAHA** State **NE** Zip Code **68103**

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 09 / 2014

Amount of Each Disbursement this Period
5022.25

Transaction ID : **SB17.66**

Full Name (Last, First, Middle Initial)
C. AMERICAN AIRLINES

Mailing Address **PO BOX 582820 MD 766**

City **TULSA** State **OK** Zip Code **74158**

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 09 / 2014

Amount of Each Disbursement this Period
1518.00

Transaction ID : **SB17.102**

[MEMO ITEM]

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

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

5022.25

14020214387

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)

A. AMTRAK

Mailing Address PO BOX 2464

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2014

Amount of Each Disbursement this Period

696.00

Transaction ID : SB17.103

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CAREY INTERNATIONAL INC

Mailing Address 4530 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2014

Amount of Each Disbursement this Period

1809.35

Transaction ID : SB17.106

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HILTON HOTELS BEVERLY HILLS

Mailing Address 9876 WILSHIRE BLVD

City BEVERLY HILLS State CA Zip Code 90210

Purpose of Disbursement FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.104

[MEMO ITEM]

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

0.00

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

14020214388

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. MACNAIR TRAVEL AGENCY

Mailing Address **4100 FAIRFAX DR STE 600**

City **ARLINGTON** State **VA** Zip Code **22203**

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 09 / 2014

Amount of Each Disbursement this Period
265.00

Transaction ID : **SB17.101**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. SOUTHWEST AIRLINES

Mailing Address **PO BOX 36647 -1CR**

City **DALLAS** State **TX** Zip Code **75235**

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 09 / 2014

Amount of Each Disbursement this Period
233.90

Transaction ID : **SB17.105**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. FIRST.BANKCARD

Mailing Address **PO BOX 2340**

City **OMAHA** State **NE** Zip Code **68103**

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 31 / 2014

Amount of Each Disbursement this Period
4723.95

Transaction ID : **SB17.67**

SUBTOTAL of Disbursements. This Page (optional)..... **4723.95**

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

14020214389

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)

A. CAREY INTERNATIONAL INC

Mailing Address 4530 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y
01	31	2014

Amount of Each Disbursement this Period

1223.07

Transaction ID : SB17.108

[MEMO ITEM]

Category/
Type

Full Name (Last, First, Middle Initial)

B. HILTON HOTELS BEVERLY HILLS

Mailing Address 9876 WILSHIRE BLVD

City BEVERLY HILLS State CA Zip Code 90210

Purpose of Disbursement
CATERING/FACILITY RENTAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y
01	31	2014

Amount of Each Disbursement this Period

1503.90

Transaction ID : SB17.109

[MEMO ITEM]

Category/
Type

Full Name (Last, First, Middle Initial)

C. JOHNNY'S HALF SHELL

Mailing Address 400 N CAPITOL ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
CATERING/FACILITY RENTAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y
01	31	2014

Amount of Each Disbursement this Period

1996.98

Transaction ID : SB17.110

[MEMO ITEM]

Category/
Type

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

0.00

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

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14020214390

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 99	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. FIRST BANKCARD

Mailing Address **PO BOX 2340**

City **OMAHA** State **NE** Zip Code **68103**

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
03 / 05 / 2014

Amount of Each Disbursement this Period
6145.80

Transaction ID : **SB17.70**

Full Name (Last, First, Middle Initial)
B. AMTRAK

Mailing Address **PO BOX 2464**

City **WASHINGTON** State **DC** Zip Code **20013**

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
02 / 27 / 2014

Amount of Each Disbursement this Period
642.00

Transaction ID : **SB17.112**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MACNAIR TRAVEL AGENCY

Mailing Address **4100 FAIRFAX DR STE 600**

City **ARLINGTON** State **VA** Zip Code **22203**

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
02 / 27 / 2014

Amount of Each Disbursement this Period
35.00

Transaction ID : **SB17.113**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... **6145.80**

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

14020214391

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. MACNAIR TRAVEL AGENCY

Full Name (Last, First, Middle Initial)
Mailing Address **4100 FAIRFAX DR STE 600**

City **ARLINGTON** State **VA** Zip Code **22203**

Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 05 / 2014

Amount of Each Disbursement this Period
35.00

Transaction ID : **SB17.119**

[MEMO ITEM]

B. RITZ CARLTON PHOENIX

Full Name (Last, First, Middle Initial)
Mailing Address **2401 E CAMELBACK RD**

City **PHOENIX** State **AZ** Zip Code **85016**

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 05 / 2014

Amount of Each Disbursement this Period
5000.00

Transaction ID : **SB17.117**

[MEMO ITEM]

C. STAPLES

Full Name (Last, First, Middle Initial)
Mailing Address **963 NORLAND AVE**

City **CHAMBERSBURG** State **PA** Zip Code **17201**

Purpose of Disbursement
PAPER-TONER

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 27 / 2014

Amount of Each Disbursement this Period
73.09

Transaction ID : **SB17.111**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... **0.00**

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

14020214392

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)

A. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

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 Y Y
03 / 05 / 2014

Amount of Each Disbursement this Period

360.71

Transaction ID : SB17.118.

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

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 Y Y
01 / 15 / 2014

Amount of Each Disbursement this Period

1673.16

Transaction ID : SB17.39

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

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 Y Y
01 / 31 / 2014

Amount of Each Disbursement this Period

1731.95

Transaction ID : SB17.40

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

3405.11

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

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14020214393

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

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

FOR LINE NUMBER:
(check only one)

PAGE 90 OF 99

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)

A. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement.

MM	DD	YYYY
02	14	2014

Amount of Each Disbursement this Period

1604.19

Transaction ID : SB17.41

Category/
Type

B. INSPERITY

Full Name (Last, First, Middle Initial)

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
02	28	2014

Amount of Each Disbursement this Period

1255.03

Transaction ID : SB17.42

Category/
Type

C. INSPERITY

Full Name (Last, First, Middle Initial)

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
03	14	2014

Amount of Each Disbursement this Period

1521.16

Transaction ID : SB17.43

Category/
Type

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

4380.38

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

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14020214394

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

PAGE 91 OF 99

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. INSPERITY

Mailing Address **19001 CRESCENT SPRINGS DR**

City **KINGWOOD** State **TX** Zip Code **77339**

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 31 / 2014

Amount of Each Disbursement this Period
1612.68

Transaction ID : **SB17.44**

Full Name (Last, First, Middle Initial)
B. INTERNAL REVENUE SERVICE

Mailing Address **PO BOX 970011**

City **ST LOUIS** State **MO** Zip Code **63197**

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 15 / 2014

Amount of Each Disbursement this Period
1180.85

Transaction ID : **SB17.45**

Full Name (Last, First, Middle Initial)
C. INTERNAL REVENUE SERVICE

Mailing Address **PO BOX 970011**

City **ST LOUIS** State **MO** Zip Code **63197**

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 31 / 2014

Amount of Each Disbursement this Period
1180.85

Transaction ID : **SB17.47**

SUBTOTAL of Disbursements This Page (optional)..... **3974.38**

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

14020214395

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address PO BOX 970011

City, State Zip Code
ST LOUIS MO 63197

Purpose of Disbursement
PAYROLL TAXES

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 Y Y
02 / 14 / 2014

Amount of Each Disbursement this Period

1180.85

Transaction ID : SB17.49

Category/
Type

B. INTERNAL REVENUE SERVICE

Mailing Address PO BOX 970011

City, State Zip Code
ST LOUIS MO 63197

Purpose of Disbursement
PAYROLL TAXES

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 Y Y
02 / 28 / 2014

Amount of Each Disbursement this Period

1180.85

Transaction ID : SB17.51

Category/
Type

C. INTERNAL REVENUE SERVICE

Mailing Address PO BOX 970011

City, State Zip Code
ST LOUIS MO 63197

Purpose of Disbursement
PAYROLL TAXES

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 Y Y
03 / 14 / 2014

Amount of Each Disbursement this Period

1180.85

Transaction ID : SB17.53

Category/
Type

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

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

3542.55

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14020214396

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address PO BOX 970011

City ST LOUIS State MO Zip Code 63197

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
03	31	2014

Amount of Each Disbursement this Period

1180.85

Transaction ID : SB17.55

Category/
Type

Full Name (Last, First, Middle Initial)

B. LOCKTON AFFINITY LLC

Mailing Address PO BOX 87-9610

City KANSAS CITY State MO Zip Code 64187

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
03	19	2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.23

Category/
Type

Full Name (Last, First, Middle Initial)

C. MADAKET CONSULTING LLC

Mailing Address 100 TRADE CENTER

City WOBURN State MA Zip Code 01801

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
02	06	2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.20

Category/
Type

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

4180.85

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

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14020214397

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 94 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial) A. MD COMPTROLLER		Date of Disbursement MM / DD / YYYY 01 / 15 / 2014
Mailing Address 80 CALVERT ST		Amount of Each Disbursement this Period 285.91
City ANNAPOLIS	State MD	
Zip Code 21401	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.46
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) B. MD COMPTROLLER		Date of Disbursement MM / DD / YYYY 01 / 31 / 2014
Mailing Address 80 CALVERT ST		Amount of Each Disbursement this Period 285.91
City ANNAPOLIS	State MD	
Zip Code 21401	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.48
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) C. MD COMPTROLLER		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 80 CALVERT ST		Amount of Each Disbursement this Period 285.91
City ANNAPOLIS	State MD	
Zip Code 21401	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.50
Candidate Name	Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	857.73
TOTAL This Period (last page this line number only).....	

14020214398

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 99			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial) A. MD COMPTROLLER		Date of Disbursement
Mailing Address 80 CALVERT ST		MM / DD / YYYY 02 / 28 / 2014
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement PAYROLL TAXES	Category/ Type	Amount of Each Disbursement this Period 285.91
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. MD COMPTROLLER		Date of Disbursement
Mailing Address 80 CALVERT ST		MM / DD / YYYY 03 / 14 / 2014
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement PAYROLL TAXES	Category/ Type	Amount of Each Disbursement this Period 285.91
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. MD COMPTROLLER		Date of Disbursement
Mailing Address 80 CALVERT ST		MM / DD / YYYY 03 / 31 / 2014
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement PAYROLL TAXES	Category/ Type	Amount of Each Disbursement this Period 285.91
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	857.73
TOTAL This Period (last page this line number only).....	

14020214399

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)

A. THE HALLISEY GROUP

Mailing Address 38 E 85TH ST, STE 5E

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
01	16	2014

Amount of Each Disbursement this Period

12056.00

Transaction ID : SB17.19

Category/
Type

Full Name (Last, First, Middle Initial)

B. THOMAS GRAPHICS

Mailing Address PO BOX 14226

City AUSTIN State TX Zip Code 78714

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
02	09	2014

Amount of Each Disbursement this Period

932.00

Transaction ID : SB17.57

Category/
Type

Full Name (Last, First, Middle Initial)

C. US MONITOR

Mailing Address 86 MAPLE AVE

City NEW CITY State NY Zip Code 10956

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
02	03	2014

Amount of Each Disbursement this Period

3.29

Transaction ID : SB17.60

Category/
Type

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

12991.29

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

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14020214400

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. BROWN RUDNICK, L.L.P. FEDERAL PAC

Mailing Address **1 FINANCIAL CTR**

City **BOSTON** State **MA** Zip Code **02111-2621**

Purpose of Disbursement
IN-KIND: CATERING / FACILITY RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 26 / 2014

Amount of Each Disbursement this Period
526.18

Transaction ID : **SB17.3083015**

Category/
Type

Full Name (Last, First, Middle Initial)
B.

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
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

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
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... **526.18**

TOTAL This Period (last page this line number only)..... **136719.04**

14020214401

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)

A. BETTY H. KELLY

Mailing Address 8001 KITTELY AVE

City NORTH CHARLESTON State SC Zip Code 29420

Purpose of Disbursement
CONTRIBUTION REFUND FOR AFFILIATED COMMITTEE JOHN MCCAIN

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
02	04	2014

Amount of Each Disbursement this Period

69.00

Transaction ID : SB20.1

Category/ Type

B.

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
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Amount of Each Disbursement this Period

--

Category/ Type

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
-----	-----	---------

Amount of Each Disbursement this Period

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Category/ Type

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

69.00

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

69.00

14020214402

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
A. COUNTRY FIRST PAC

Mailing Address **211 N UNION ST**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 05 / 2014

Amount of Each Disbursement this Period
5000.00

Transaction ID : **SB21.1**

Category/Type

Full Name (Last, First, Middle Initial)
B.

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
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

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
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... **5000.00**

TOTAL This Period (last page this line number only)..... **5000.00**

14020214403

NANCY ERICKSON
SECRETARY

DANA K. McCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 222
WASHINGTON, DC 20510-
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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Date of Receipt

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Date of Receipt or Postmark

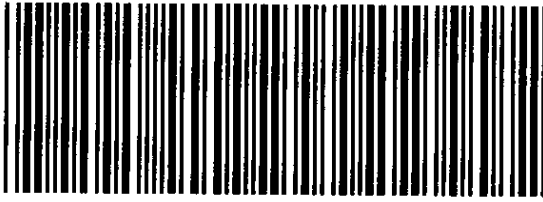
PREPARER

DH

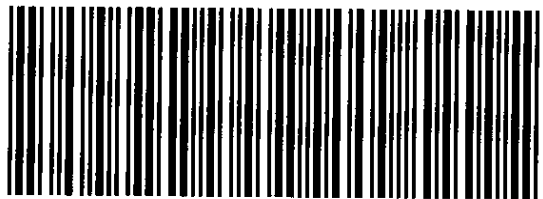
DATE PREPARED

4-15-14

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SEN PATCH



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1402021405