

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE 16 JAN 29 PM 3:46

Office Use Only

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

00

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 MM/DD/YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on MM/DD/YYYY

in the State of

5. Covering Period

MM/DD/YYYY 10/01/2015

through

MM/DD/YYYY 12/31/2015

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

Date

MM/DD/YYYY 01/28/2016

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)

2016020200033333

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))...	872774.10	6718828.74
(b) Total Contribution Refunds (from Line 20(d))..	17970.00	61614.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	854804.10	6657214.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	796394.50	3244563.74
(b) Total Offsets to Operating Expenditures (from Line 14)...	170.01	3588.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	796224.49	3240975.55
8. Cash on Hand at Close of Reporting Period (from Line 27)...	5101560.63	
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

2016020200033334

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 516

Write or Type Committee Name

FRIENDS OF JOHN MCCAIN, INC.

Report Covering the Period: From:

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

To:

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

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)...	648717.33	5084038.51
(ii) Unitemized	41866.77	389459.05
(iii) TOTAL of contributions from individuals .	690584.10	5473497.56
(b) Political Party Committees...	0.00	1000.00
(c) Other Political Committees (such as PACs) ..	182190.00	1244331.18
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	872774.10	6718828.74
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	1214675.89
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.) ..	170.01	3588.19
15. OTHER RECEIPTS (Dividends, Interest, etc.)	84374.77	818846.57
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	957318.88	8755939.39

201602020003335

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	796394.50	3244563.74
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 ...	17970.00	61614.00
(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))...	17970.00	61614.00
21. OTHER DISBURSEMENTS ...	0.00	348201.02
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	814364.50	3654378.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	4958606.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	957318.88
25. SUBTOTAL (add Line 23 and Line 24)...	5915925.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	814364.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	5101560.63

20160202020003336

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 516
	<input checked="" 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 type="checkbox"/> 15	

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. JOSEPH S. ABBOTT JR.			Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address P.O. BOX 726			Transaction ID : SA11.3098629
City ALLOWAY	State NJ	Zip Code 08001-0726	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED		300.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

B. Full Name (Last, First, Middle Initial) MRS. JANA E ADAMS			Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 1110 N ALBA CIRCLE			Transaction ID : SA11.3099827
City MESA	State AZ	Zip Code 85213-5460	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer STATE OF ARIZONA	Occupation STATE OF ARIZONA		700.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

C. Full Name (Last, First, Middle Initial) MR. MICHAEL A. ADAMS			Date of Receipt MM / DD / YYYY 10 / 27 / 2015
Mailing Address 1288 BALLANTRAE FARM DRIVE			Transaction ID : SA11.3098033
City MCLEAN	State VA	Zip Code 22101-3026	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 5400.00 CONTRIBUTION	
Name of Employer BECHTEL	Occupation EXECUTIVE		5400.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

201602020003337

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 516
(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)
MR. MICHAEL A. ADAMS

Mailing Address **1288 BALLANTRAE FARM DRIVE**

City **MCLEAN** State **VA** Zip Code **22101-3026**

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

Name of Employer **BECHTEL** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : **SA11.3098033B**

Amount of Each Receipt this Period
-2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL A. ADAMS

Mailing Address **1288 BALLANTRAE FARM DRIVE**

City **MCLEAN** State **VA** Zip Code **22101-3026**

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

Name of Employer **BECHTEL** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : **SA11.3098093**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
DR. MIRIAM ADELSON

Mailing Address **3355 LAS VEGAS BLVD. S.**

City **LAS VEGAS** State **NV** Zip Code **89109-8941**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 13 / 2015**
Transaction ID : **SA11.3098457**

Amount of Each Receipt this Period
5400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **5400.00**

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

201602020003338

**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 516
(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)
DR. MIRIAM ADELSON

Mailing Address **3355 LAS VEGAS BLVD. S.**

City **LAS VEGAS** State **NV** Zip Code **89109-8941**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 13 / 2015**
Transaction ID : **SA11.3098457B**

Amount of Each Receipt this Period
-2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
DR. MIRIAM ADELSON

Mailing Address **3355 LAS VEGAS BLVD. S.**

City **LAS VEGAS** State **NV** Zip Code **89109-8941**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 13 / 2015**
Transaction ID : **SA11.3099497**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. SHELDON G. ADELSON

Mailing Address **3355 LAS VEGAS BLVD. S.**

City **LAS VEGAS** State **NV** Zip Code **89109-8941**

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

Name of Employer **LAS VEGAS SANDS, CORPORATION** Occupation **CHAIRMAN & CHIEF EXECUTIVE OFFICER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 13 / 2015**
Transaction ID : **SA11.3098458**

Amount of Each Receipt this Period
5400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **5400.00**

TOTAL This Period (last page this line number only)..... **5400.00**

201602020003339

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 OF 516
(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)
MR. SHELDON G. ADELSON

Mailing Address **3355 LAS VEGAS BLVD. S.**

City **LAS VEGAS** State **NV** Zip Code **89109-8941**

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

Name of Employer **LAS VEGAS SANDS, CORPORATION** Occupation **CHAIRMAN & CHIEF EXECUTIVE OFFICER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 13 / 2015**

Transaction ID : **SA11.3098458B**

Amount of Each Receipt this Period
-2700.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. SHELDON G. ADELSON

Mailing Address **3355 LAS VEGAS BLVD. S.**

City **LAS VEGAS** State **NV** Zip Code **89109-8941**

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

Name of Employer **LAS VEGAS SANDS, CORPORATION** Occupation **CHAIRMAN & CHIEF EXECUTIVE OFFICER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 13 / 2015**

Transaction ID : **SA11.3099499**

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. 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 **FREEMPORT-MCMORAN COPPER & GOLD** Occupation **PRESIDENT & CHIEF EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : **SA11.3098376**

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

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

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

200.00

201602020200033340

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 516
(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)
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 **FREEMPORT-MCMORAN COPPER & GOLD** Occupation **PRESIDENT & CHIEF EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 10 / 2015**
Transaction ID : SA11.3098376B

Amount of Each Receipt this Period
-100.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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 **FREEMPORT-MCMORAN COPPER & GOLD** Occupation **PRESIDENT & CHIEF EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 10 / 2015**
Transaction ID : SA11.3098419

Amount of Each Receipt this Period
100.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. FIRAT I. ADRIANSEN

Mailing Address **531 MAIN STREET APT 512**

City **NEW YORK** State **NY** Zip Code **10044-0156**

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

Name of Employer **TEEGRUS MANAGEMENT & AGENCY, INC.** Occupation **SHIPPING**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1175.00**

Date of Receipt **12 / 02 / 2015**
Transaction ID : SA11.3098908

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1000.00**

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

201602020200033341

**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 516
(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)
MR. SAL AFFAS

Mailing Address **2538 E. PAGE CT**

City **GILBERT** State **AZ** Zip Code **85234-1311**

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

Name of Employer **SUN HEATING & COOLING** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
12 / 18 / 2015

Transaction ID : SA11.3099298

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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 **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
12 / 03 / 2015

Transaction ID : SA11.3099042

Amount of Each Receipt this Period
200.00
 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 **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
12 / 03 / 2015

Transaction ID : SA11.3099042B

Amount of Each Receipt this Period
-100.00
 CONTRIBUTION
**[MEMO ITEM]
 REDESIGNATION TO GENERAL**

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

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

450.00

2016020200033342

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 516
(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)
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 **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **12 / 03 / 2015**
Transaction ID : **SA11.3099054**

Amount of Each Receipt this Period **100.00**
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. CRAIG M. AHLSTROM

Mailing Address **2613 N. RIDGE**

City **MESA** State **AZ** Zip Code **85203-2145**

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

Name of Employer **SPRINGS REALTY** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 18 / 2015**
Transaction ID : **SA11.3099266**

Amount of Each Receipt this Period **1000.00**
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FARHANA SHIFA AHMED

Mailing Address **926 E. ROCKWELL DRIVE**

City **CHANDLER** State **AZ** Zip Code **85225-8492**

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

Name of Employer **SELF-EMPLOYED** Occupation **ARTIST & SOCIAL ACTIVIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : **SA11.3098068**

Amount of Each Receipt this Period **1000.00**
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **2000.00**

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

20160202020003343

**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 516
(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)
MR. DAVID R. ALEXANDER

Mailing Address **6233 PASEO ALTA RICO**

City **CARLSBAD** State **CA** Zip Code **92009-2111**

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

Name of Employer **GENERAL ATOMICS AERNAUTICAL SYSTEM** Occupation **EXECUTIVE VP**

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
10 / 21 / 2015

Transaction ID : **SA11.3097986**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. AIHAM J. ALSAMMRAE

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 **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2015

Transaction ID : **SA11.3098315**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FRANKLYN PETE AMADO

Mailing Address **10548 W. VIA MONTOYA DR.**

City **PEORIA** State **AZ** Zip Code **85383-1794**

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
 M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : **SA11.3099336**

Amount of Each Receipt this Period
75.00
 CONTRIBUTION

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

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

675.00

2016020200033344

**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 516
(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)
DR. RICHARD F. AMBUR

Mailing Address **4012 SW 314TH ST**

City **FEDERAL WAY** State **WA** Zip Code **98023-2148**

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 **12 / 31 / 2015**
Transaction ID : **SA11.3099745**

Amount of Each Receipt this Period
250.00
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 **CAPITOL ENTERTAINMENT, INC.** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **12 / 21 / 2015**
Transaction ID : **SA11.3099369**

Amount of Each Receipt this Period
2400.00
CONTRIBUTION

C. 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 **CAPITOL ENTERTAINMENT, INC.** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **12 / 21 / 2015**
Transaction ID : **SA11.3099369B**

Amount of Each Receipt this Period
-2300.00
CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

SUBTOTAL of Receipts This Page (optional)..... **2650.00**

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

2016020200033345

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 516
(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)
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 **CAPITOL ENTERTAINMENT, INC.** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **12 / 21 / 2015**
Transaction ID : **SA11.3099642**

Amount of Each Receipt this Period
2300.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MRS. SHaida 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 **CAPITOL ENTERTAINMENT, INC.** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **12 / 21 / 2015**
Transaction ID : **SA11.3099370**

Amount of Each Receipt this Period
3000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SHaida 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 **CAPITOL ENTERTAINMENT, INC.** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **12 / 21 / 2015**
Transaction ID : **SA11.3099370B**

Amount of Each Receipt this Period
-300.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

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

2016020200033346

**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 15 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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)
MRS. SHAIDA 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 **CAPITOL ENTERTAINMENT, INC.** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **MM / DD / YYYY**
12 / 21 / 2015

Transaction ID : **SA11.3099644**

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. LES ANTALFFY

Mailing Address **11946 SUMMERDALE**

City **HOUSTON** State **TX** Zip Code **77077-3022**

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

Name of Employer **FLUOR** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **MM / DD / YYYY**
11 / 03 / 2015

Transaction ID : **SA11.3098288**

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DEAN NINA S. APPEL

Mailing Address **25 E. SUPERIOR STREET
APT. 2706**

City **CHICAGO** State **IL** Zip Code **60611-2589**

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

Name of Employer **LOYOLA UNIVERSITY** Occupation **PROFESSOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **MM / DD / YYYY**
11 / 10 / 2015

Transaction ID : **SA11.3098391**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1050.00

2016020200033347

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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) MR. DAVID P. ARNESON		Date of Receipt MM / DD / YYYY 11 / 03 / 2015
Mailing Address 46831 RANCHO HIGUERA RD		Transaction ID : SA11.3098289
City FRÉMONT	State CA	
Zip Code 94539-7307		Amount of Each Receipt this Period CONTRIBUTION 50.00
FEC ID number of contributing federal political committee C		
Name of Employer N/A	Occupation RETIRED	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) MR. WAYNE ARMY		Date of Receipt MM / DD / YYYY 12 / 03 / 2015
Mailing Address P.O. BOX 290		Transaction ID : SA11.3099050
City GALESVILLE	State MD	
Zip Code 20765-0290		Amount of Each Receipt this Period CONTRIBUTION 100.00
FEC ID number of contributing federal political committee C		
Name of Employer WA&A, LLC	Occupation BUSINESS DEVELOPMENT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

C. Full Name (Last, First, Middle Initial) MR. ERIC S. AROESTY		Date of Receipt MM / DD / YYYY 09 / 23 / 2015
Mailing Address 910 SYLVAN AVENUE		Transaction ID : SA11.3097034
City ENGLEWOOD	State NJ	
Zip Code 07632-3306		Amount of Each Receipt this Period CONTRIBUTION 5000.00
FEC ID number of contributing federal political committee C		
Name of Employer RETIRED	Occupation RETIRED	[MEMO ITEM]
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

20160202020003348

**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 17 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. ERIC S. AROESTY

Mailing Address **910 SYLVAN AVENUE**

City **ENGLEWOOD** State **NJ** Zip Code **07632-3306**

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 **5000.00**

Date of Receipt
10 / 19 / 2015

Transaction ID : SA11.3097034B

Amount of Each Receipt this Period
-2300.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. ERIC S. AROESTY

Mailing Address **910 SYLVAN AVENUE**

City **ENGLEWOOD** State **NJ** Zip Code **07632-3306**

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 **5000.00**

Date of Receipt
10 / 19 / 2015

Transaction ID : SA11.3097920

Amount of Each Receipt this Period
2300.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL L. ASHNER

Mailing Address **101 COVE NECK ROAD**

City **OYSTER BAY** State **NY** Zip Code **11771-1822**

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

Name of Employer **WINTHROP REALTY TRUST** Occupation **CHAIRMAN & C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
11 / 10 / 2015

Transaction ID : SA11.3098422

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

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

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

200.00

2016020200033349

**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 516
(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)
MR. MICHAEL L. ASHNER

Mailing Address **101 COVE NECK ROAD**

City **OYSTER BAY** State **NY** Zip Code **11771-1822**

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

Name of Employer **WINTHROP REALTY TRUST** Occupation **CHAIRMAN & C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : **SA11.3098422B**

Amount of Each Receipt this Period
-100.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL L. ASHNER

Mailing Address **101 COVE NECK ROAD**

City **OYSTER BAY** State **NY** Zip Code **11771-1822**

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

Name of Employer **WINTHROP REALTY TRUST** Occupation **CHAIRMAN & C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : **SA11.3098427**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MRS. SUSAN M. ASHNER

Mailing Address **101 COVE NECK ROAD**

City **OYSTER BAY** State **NY** Zip Code **11771-1822**

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

Name of Employer **EXETER CAPITAL** Occupation **BOOKKEEPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : **SA11.3098423**

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

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

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

200.00

20160202020003350

**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 19 OF 516
	<input checked="" 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 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. SUSAN M. ASHNER

Mailing Address **101 COVE NECK ROAD**

City **OYSTER BAY** State **NY** Zip Code **11771-1822**

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

Name of Employer **EXETER CAPITAL** Occupation **BOOKKEEPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 MM / DD / YYYY
 11 / 10 / 2015

Transaction ID : **SA11.3098423B**

Amount of Each Receipt this Period
 -100.00
 CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MRS. SUSAN M. ASHNER

Mailing Address **101 COVE NECK ROAD**

City **OYSTER BAY** State **NY** Zip Code **11771-1822**

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

Name of Employer **EXETER CAPITAL** Occupation **BOOKKEEPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 MM / DD / YYYY
 11 / 10 / 2015

Transaction ID : **SA11.3098425**

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

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

Mailing Address **2744 E. UTOPIA ROAD**

City **PHOENIX** State **AZ** Zip Code **85050-1939**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 MM / DD / YYYY
 10 / 27 / 2015

Transaction ID : **SA11.3098063**

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

2016020200033351

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 20 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) DR. LLOYD AXELROD M.D.		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address 48 PARK AVENUE		Transaction ID : SA11.3099397
City WELLESLEY	State MA	
Zip Code 02481-6711		Amount of Each Receipt this Period CONTRIBUTION 10.00
FEC ID number of contributing federal political committee C		
Name of Employer MASS GENERAL PHYSICIANS ORGANIZATIO	Occupation PHYSICIAN	CONTRIBUTION 220.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 220.00	

B. Full Name (Last, First, Middle Initial) DR. LLOYD AXELROD M.D.		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 48 PARK AVENUE		Transaction ID : SA11.3099724
City WELLESLEY	State MA	
Zip Code 02481-6711		Amount of Each Receipt this Period CONTRIBUTION 25.00
FEC ID number of contributing federal political committee C		
Name of Employer MASS GENERAL PHYSICIANS ORGANIZATIO	Occupation PHYSICIAN	CONTRIBUTION 220.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 220.00	

C. Full Name (Last, First, Middle Initial) MS. CHRISTINA BABIN		Date of Receipt MM / DD / YYYY 12 / 22 / 2015
Mailing Address 4135 LUCIANO AVENUE		Transaction ID : SA11.3099351
City COCOA	State FL	
Zip Code 32926-6833		Amount of Each Receipt this Period CONTRIBUTION 200.00
FEC ID number of contributing federal political committee C		
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION 600.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

2016020200033352

**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 21 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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. LOUIS MOORE BACON		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 11 TIMES SQUARE 40TH FLOOR		Transaction ID : SA11.3098688
City NEW YORK	State NY	Zip Code 10036-6600
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period CONTRIBUTION 200.00	
Name of Employer MOORE CAPITAL MANAGEMENT	Occupation FOUNDER/CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MR. LOUIS MOORE BACON		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 11 TIMES SQUARE 40TH FLOOR		Transaction ID : SA11.3098688B
City NEW YORK	State NY	Zip Code 10036-6600
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period CONTRIBUTION -100.00	
Name of Employer MOORE CAPITAL MANAGEMENT	Occupation FOUNDER/CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial) MR. LOUIS MOORE BACON		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 11 TIMES SQUARE 40TH FLOOR		Transaction ID : SA11.3098716
City NEW YORK	State NY	Zip Code 10036-6600
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period CONTRIBUTION 100.00	
Name of Employer MOORE CAPITAL MANAGEMENT	Occupation FOUNDER/CEO	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

2016020200033353

**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 22 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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.

Full Name (Last, First, Middle Initial) MR. W. D. BAIN JR.		Date of Receipt MM / DD / YYYY 11 / 18 / 2015	
Mailing Address 307 ESSEX RIDGE COURT		Transaction ID : SA11.3098670	
City SPARTANBURG	State SC	Zip Code 29307-1540	Amount of Each Receipt this Period CONTRIBUTION 425.00
FEC ID number of contributing federal political committee [C]			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) MRS. ALICE C. BAKER		Date of Receipt MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 3333 E. SPEEDWAY BLVD.		Transaction ID : SA11.3099492	
City TUCSON	State AZ	Zip Code 85716-3935	Amount of Each Receipt this Period CONTRIBUTION 200.00
FEC ID number of contributing federal political committee [C]			
Name of Employer SELF-EMPLOYED	Occupation FUNDRAISING CONSULTANT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) MRS. ALICE C. BAKER		Date of Receipt MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 3333 E. SPEEDWAY BLVD.		Transaction ID : SA11.3099492B	
City TUCSON	State AZ	Zip Code 85716-3935	Amount of Each Receipt this Period CONTRIBUTION -200.00 [MEMO ITEM] REDESIGNATION TO GENERAL
FEC ID number of contributing federal political committee [C]			
Name of Employer SELF-EMPLOYED	Occupation FUNDRAISING CONSULTANT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

2016020200033354

**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 23 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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) MRS. ALICE C. BAKER		Date of Receipt 12 / 07 / 2015
Mailing Address 3333 E. SPEEDWAY BLVD.		Transaction ID : SA11.3099495
City TUCSON	State AZ	
Zip Code 85716-3935		Amount of Each Receipt this Period 200.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer SELF-EMPLOYED	Occupation FUNDRAISING CONSULTANT	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MR. PAUL L. BAKER		Date of Receipt 12 / 07 / 2015
Mailing Address 3333 E. SPEEDWAY BLVD.		Transaction ID : SA11.3099493
City TUCSON	State AZ	
Zip Code 85716-3935		Amount of Each Receipt this Period 200.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer RETIRED	Occupation RETIRED	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

C. Full Name (Last, First, Middle Initial) MR. PAUL L. BAKER		Date of Receipt 12 / 07 / 2015
Mailing Address 3333 E. SPEEDWAY BLVD.		Transaction ID : SA11.3099493B
City TUCSON	State AZ	
Zip Code 85716-3935		Amount of Each Receipt this Period -200.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer RETIRED	Occupation RETIRED	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

2016020200033355

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

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

FOR LINE NUMBER: PAGE 24 OF 516
(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)
MR. PAUL L. BAKER

Mailing Address **3333 E. SPEEDWAY BLVD.**

City State Zip Code
TUCSON AZ 85716-3935

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 / /
12 / 07 / 2015

Transaction ID : **SA11.3099494**

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MARY BALDWIN

Mailing Address **5635 E. LINCOLN DRIVE 40**

City State Zip Code
SCOTTSDALE AZ 85253-4121

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
BALDWIN, BALDWIN & SHANER LTD REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 / /
12 / 31 / 2015

Transaction ID : **SA11.3099739**

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ERIC R. BALL

Mailing Address **2023 GORDON AVENUE**

City State Zip Code
MENLO PARK CA 94025-6034

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
C3 ENERGY FINANCE EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 / /
10 / 27 / 2015

Transaction ID : **SA11.3098032**

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

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

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

550.00

2016020200033356

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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
MR. JAMES S. BALLOUN

Mailing Address **2540 WOODWARD WAY NW**

City **ATLANTA** State **GA** Zip Code **30305-3562**

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 **12 / 17 / 2015**

Transaction ID : SA11.3099240

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RAMESH BALWANI

Mailing Address **855 EL CAMINO REAL STE. 13A-227**

City **PALO ALTO** State **CA** Zip Code **94301-2305**

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

Name of Employer **THERANOS** Occupation **PRESIDENT & COO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 19 / 2015**

Transaction ID : SA11.3097946

Amount of Each Receipt this Period
5400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RAMESH BALWANI

Mailing Address **855 EL CAMINO REAL STE. 13A-227**

City **PALO ALTO** State **CA** Zip Code **94301-2305**

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

Name of Employer **THERANOS** Occupation **PRESIDENT & COO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 19 / 2015**

Transaction ID : SA11.3097946B

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

6400.00

201602020003357

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 26 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) RAMESH BALWANI		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 855 EL CAMINO REAL STE. 13A-227		Transaction ID : SA11.3097965
City PALO ALTO	State CA	
Zip Code 94301-2305		Amount of Each Receipt this Period CONTRIBUTION 2700.00
FEC ID number of contributing federal political committee C		[MEMO ITEM] REDESIGNATION FROM PRIMARY
Name of Employer THERANOS	Occupation PRESIDENT & COO	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MR. LLOYD J. BARDSWICH		Date of Receipt MM / DD / YYYY 12 / 14 / 2015
Mailing Address 2670 SANCTUARY DRIVE		Transaction ID : SA11.3099221
City BULLHEAD CITY	State AZ	
Zip Code 86442-8440		Amount of Each Receipt this Period CONTRIBUTION 250.00
FEC ID number of contributing federal political committee C		[MEMO ITEM] REDESIGNATION FROM PRIMARY
Name of Employer L. J. BARDSWICH MINE CONSULTANT INC.	Occupation MINING ENGINEER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

C. Full Name (Last, First, Middle Initial) MR. PAUL BARKER		Date of Receipt MM / DD / YYYY 12 / 18 / 2015
Mailing Address 8300 N. 50TH STREET		Transaction ID : SA11.3099275
City PARADISE VALLEY	State AZ	
Zip Code 85253-2005		Amount of Each Receipt this Period CONTRIBUTION 2700.00
FEC ID number of contributing federal political committee C		[MEMO ITEM] REDESIGNATION FROM PRIMARY
Name of Employer FORUM CAPITAL	Occupation REAL ESTATE DEVELOPMENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	2950.00
TOTAL This Period (last page this line number only).....	

201602020003358

**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 516
(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)
HAYDEN BARNARD

Mailing Address **440 RIDGE RD**

City **TIBURON** State **CA** Zip Code **94920-1813**

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

Name of Employer **SOLAR CITY** Occupation **CHIEF REVENUE OFFICER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
10 / 15 / 2015

Transaction ID : SA11.3097900

Amount of Each Receipt this Period
5400.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HAYDEN BARNARD

Mailing Address **440 RIDGE RD**

City **TIBURON** State **CA** Zip Code **94920-1813**

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

Name of Employer **SOLAR CITY** Occupation **CHIEF REVENUE OFFICER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
10 / 15 / 2015

Transaction ID : SA11.3097900B

Amount of Each Receipt this Period
-2700.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
HAYDEN BARNARD

Mailing Address **440 RIDGE RD**

City **TIBURON** State **CA** Zip Code **94920-1813**

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

Name of Employer **SOLAR CITY** Occupation **CHIEF REVENUE OFFICER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
10 / 15 / 2015

Transaction ID : SA11.3097903

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

5400.00

201602020003359

**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 516
	(check only one)	
<input checked="" 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 type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial) MR. KENNETH M. BARNA		Date of Receipt 10 / 19 / 2015
Mailing Address 126 WALNUT HILL ROAD		Transaction ID : SA11.3097360B
City CHESTNUT HILL	State MA	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period -2300.00 CONTRIBUTION
Name of Employer RUBIN AND RUDMAN LLP	Occupation ATTORNEY	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

B. Full Name (Last, First, Middle Initial) MR. KENNETH M. BARNA		Date of Receipt 10 / 19 / 2015
Mailing Address 126 WALNUT HILL ROAD		Transaction ID : SA11.3097931
City CHESTNUT HILL	State MA	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 2300.00 CONTRIBUTION
Name of Employer RUBIN AND RUDMAN LLP	Occupation ATTORNEY	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

C. Full Name (Last, First, Middle Initial) MR. SCOTT BARNETT		Date of Receipt 10 / 13 / 2015
Mailing Address 4770 N. SUPAI PLACE		Transaction ID : SA11.3097836
City TUCSON	State AZ	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 500.00 CONTRIBUTION
Name of Employer DIAMONDBACK SYSTEMS	Occupation TRANSPORTATION	500.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

2016020200033360

**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 29 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. STAN O. BARNES JR.		Date of Receipt MM / DD / YYYY 11 / 03 / 2015
Mailing Address 3033 NORTH CENTRAL AVE		Transaction ID : SA11.3098356
City PHOENIX	State AZ	
Zip Code 85012-2809		Amount of Each Receipt this Period CONTRIBUTION 1000.00
FEC ID number of contributing federal political committee C		
Name of Employer COPPER STATE CONSULTING GROUP LLC	Occupation CONSULTANT	CONTRIBUTION 1000.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) MR. MICHAEL E. BARUCH		Date of Receipt MM / DD / YYYY 10 / 13 / 2015
Mailing Address 7801 E. CAKKE BIEN NACIDA		Transaction ID : SA11.3097852
City TUCSON	State AZ	
Zip Code 85750-		Amount of Each Receipt this Period CONTRIBUTION 250.00
FEC ID number of contributing federal political committee C		
Name of Employer TUCSON ELECTRIC POWER	Occupation MANAGER	CONTRIBUTION 250.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) MRS. MERCEDES T. BASS		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 201 MAIN STREET SUITE 2700		Transaction ID : SA11.3098892
City FORT WORTH	State TX	
Zip Code 76102-3131		Amount of Each Receipt this Period CONTRIBUTION 1000.00
FEC ID number of contributing federal political committee C		
Name of Employer SRBI, LP	Occupation MANAGER	CONTRIBUTION 3700.00
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3700.00	

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

2016020200033361

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 516
(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)
MR. MICHAEL BAYER

Mailing Address **3130 DUMBARTON STREET**

City **WASHINGTON** State **DC** Zip Code **20007-3308**

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

Name of Employer **DUMBARTON STRATEGIES** Occupation **PRESIDENT & C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **10 / 16 / 2015**
Transaction ID : **SA11.3097908**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address **4241 E EDGEWOOD AVE**

City **MESA** State **AZ** Zip Code **85206-2645**

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

Name of Employer **WHITTON COMPANIES** Occupation **PURCHASING MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 21 / 2015**
Transaction ID : **SA11.3099470**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT M. BEAGLE

Mailing Address **8 ACORN COURT APT. E6**

City **WAKEFIELD** State **RI** Zip Code **02879-1447**

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

Name of Employer **UNIVERSITY OF RHODE ISLAND** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **230.00**

Date of Receipt **11 / 18 / 2015**
Transaction ID : **SA11.3098638**

Amount of Each Receipt this Period
25.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1275.00**

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

20160202020003362

**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 31 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) TRACI BEAGLEY		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address 4241 E EDGEWOOD AVE		Transaction ID : SA11.3099450
City MESA	State AZ	
Zip Code 85206-2645		Amount of Each Receipt this Period CONTRIBUTION 250.00
FEC ID number of contributing federal political committee C		
Name of Employer SELF-EMPLOYED	Occupation SELF-EMPLOYED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MR. RONNELL S. BEAL		Date of Receipt MM / DD / YYYY 08 / 04 / 2015
Mailing Address 1708 VILLAGE RIDGE PLACE		Transaction ID : SA11.3095008
City COLLIERVILLE	State TN	
Zip Code 38017-8718		Amount of Each Receipt this Period CONTRIBUTION 2700.00
FEC ID number of contributing federal political committee C		
Name of Employer ORGILL, INC.	Occupation PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3700.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) MR. RONNELL S. BEAL		Date of Receipt MM / DD / YYYY 10 / 01 / 2015
Mailing Address 1708 VILLAGE RIDGE PLACE		Transaction ID : SA11.3095008B
City COLLIERVILLE	State TN	
Zip Code 38017-8718		Amount of Each Receipt this Period CONTRIBUTION -1000.00
FEC ID number of contributing federal political committee C		
Name of Employer ORGILL, INC.	Occupation PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3700.00	[MEMO ITEM] REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

201602020003363

**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 516
(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)
MR. RONNELL S. BEAL

Mailing Address **1708 VILLAGE RIDGE PLACE**

City **COLLIERVILLE** State **TN** Zip Code **38017-8718**

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

Name of Employer **ORGILL, INC.** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3700.00**

Date of Receipt **10 / 01 / 2015**

Transaction ID : **SA11.3098443**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. ROBY BEARDEN JR.

Mailing Address **505 STANFORD AVENUE**

City **BATON ROUGE** State **LA** Zip Code **70808-4672**

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 **12 / 07 / 2015**

Transaction ID : **SA11.3099078**

Amount of Each Receipt this Period
300.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RILEY P. BECHTEL

Mailing Address **50 BEALE ST.**

City **SAN FRANCISCO** State **CA** Zip Code **94105-1813**

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

Name of Employer **BECHTEL GROUP, INC.** Occupation **CHAIRMAN OF THE BOARD**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **10 / 19 / 2015**

Transaction ID : **SA11.3097939**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

400.00

201602020003364

**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 516
	(check only one)	
	<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.

Full Name (Last, First, Middle Initial) MRS. SUSAN P. BECHTEL		Date of Receipt MM / DD / YYYY 10 / 19 / 2015	
Mailing Address 50 BEALE STREET		Transaction ID : SA11.3097944	
City SAN FRANCISCO	State CA	Zip Code 94105-1813	Amount of Each Receipt this Period 2700.00 CONTRIBUTION
FEC ID number of contributing federal political committee C			
Name of Employer HOMEMAKER	Occupation HOMEMAKER		Amount of Each Receipt this Period 2700.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) MR. DOUGLAS O. BECK		Date of Receipt MM / DD / YYYY 11 / 09 / 2015	
Mailing Address 746 NEWPORT CIRCLE		Transaction ID : SA11.3098369	
City REDWOOD CITY	State CA	Zip Code 94065-1907	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee C			
Name of Employer C.B.R.E.	Occupation REAL ESTATE BROKER		Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) MR. LUKE P. BELLOCCHI		Date of Receipt MM / DD / YYYY 10 / 06 / 2015	
Mailing Address 1220 N. FILLMORE ST., UNIT 704		Transaction ID : SA11.3097778	
City ARLINGTON	State VA	Zip Code 22201-6504	Amount of Each Receipt this Period 300.00 CONTRIBUTION
FEC ID number of contributing federal political committee C			
Name of Employer WASSERMAN MANCINI & CHANG PC	Occupation ATTORNEY		Amount of Each Receipt this Period 300.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	3800.00
TOTAL This Period (last page this line number only).....	3800.00

2016020200033365

**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 516
	<input checked="" 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 type="checkbox"/> 15	

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. ROBERT S. BEMENT		Date of Receipt 09 / 03 / 2015
Mailing Address 4040 N GOLFVIEW DR.		Transaction ID : SA11.3096232
City BUCKEYE	State AZ	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 500.00 CONTRIBUTION
Name of Employer ARIZONA PUBLIC SERVICE COMPANY	Occupation SR. VP SITE OPERATIONS	[MEMO ITEM]
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2750.00	

B. Full Name (Last, First, Middle Initial) MR. ROBERT S. BEMENT		Date of Receipt 10 / 30 / 2015
Mailing Address 4040 N GOLFVIEW DR.		Transaction ID : SA11.3096232B
City BUCKEYE	State AZ	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period -50.00 CONTRIBUTION
Name of Employer ARIZONA PUBLIC SERVICE COMPANY	Occupation SR. VP SITE OPERATIONS	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2750.00	

C. Full Name (Last, First, Middle Initial) MR. ROBERT S. BEMENT		Date of Receipt 10 / 30 / 2015
Mailing Address 4040 N GOLFVIEW DR.		Transaction ID : SA11.3098445
City BUCKEYE	State AZ	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 50.00 CONTRIBUTION
Name of Employer ARIZONA PUBLIC SERVICE COMPANY	Occupation SR. VP SITE OPERATIONS	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2750.00	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033366

**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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) MR. ROBERT D. BERGMAN		Date of Receipt MM / DD / YYYY 11 / 13 / 2015
Mailing Address 609 W. JOSEPHINE ST		Transaction ID : SA11.3098487
City WEATHERFORD	State TX	
Zip Code 76086-4055		Amount of Each Receipt this Period CONTRIBUTION 200.00
FEC ID number of contributing federal political committee C		
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION 800.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
800.00		

B. Full Name (Last, First, Middle Initial) MARC BERMAN		Date of Receipt MM / DD / YYYY 12 / 03 / 2015
Mailing Address 180 EAST PEARSON		Transaction ID : SA11.3099029
City CHICAGO	State IL	
Zip Code 60611-2130		Amount of Each Receipt this Period CONTRIBUTION 500.00
FEC ID number of contributing federal political committee C		
Name of Employer SELF-EMPLOYED	Occupation PRIVATE INVESTOR	CONTRIBUTION 500.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
500.00		

C. Full Name (Last, First, Middle Initial) MR. ADOLPH BEYERLEIN		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 103 FOUR LAKES DRIVE		Transaction ID : SA11.3099746
City EASLEY	State SC	
Zip Code 29642-3305		Amount of Each Receipt this Period CONTRIBUTION 100.00
FEC ID number of contributing federal political committee C		
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION 800.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
800.00		

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

201602020200033367

**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 516
(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)
BARBARA M. BEZOS

Mailing Address **31731 NORTHWESTERN HIGHWAY #105E**

City **FARMINGTON HILLS** State **MI** Zip Code **48334-1662**

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

Name of Employer **INTEGRATED NUTRITION LLC** Occupation **DIETICIAN/NUTRITIONIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : **SA11.3099388**

Amount of Each Receipt this Period
2800.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BARBARA M. BEZOS

Mailing Address **31731 NORTHWESTERN HIGHWAY #105E**

City **FARMINGTON HILLS** State **MI** Zip Code **48334-1662**

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

Name of Employer **INTEGRATED NUTRITION LLC** Occupation **DIETICIAN/NUTRITIONIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : **SA11.3099388 B**

Amount of Each Receipt this Period
-2700.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
BARBARA M. BEZOS

Mailing Address **31731 NORTHWESTERN HIGHWAY #105E**

City **FARMINGTON HILLS** State **MI** Zip Code **48334-1662**

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

Name of Employer **INTEGRATED NUTRITION LLC** Occupation **DIETICIAN/NUTRITIONIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : **SA11.3099388 B B**

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

2800.00

2016020200033368

**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 37 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. HAROLD BEZOS

Mailing Address **31731 NORTHWESTERN HIGHWAY #250W**

City **FARMINGTON HILLS** State **MI** Zip Code **48334-1668**

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: **5400.00**

Date of Receipt: **12 / 21 / 2015**

Transaction ID : SA11.3099448

Amount of Each Receipt this Period: **200.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HAROLD BEZOS

Mailing Address **31731 NORTHWESTERN HIGHWAY #250W**

City **FARMINGTON HILLS** State **MI** Zip Code **48334-1668**

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: **5400.00**

Date of Receipt: **12 / 21 / 2015**

Transaction ID : SA11.3099448B

Amount of Each Receipt this Period: **-100.00**

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
MR. HAROLD BEZOS

Mailing Address **31731 NORTHWESTERN HIGHWAY #250W**

City **FARMINGTON HILLS** State **MI** Zip Code **48334-1668**

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: **5400.00**

Date of Receipt: **12 / 21 / 2015**

Transaction ID : SA11.3099639

Amount of Each Receipt this Period: **100.00**

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

200.00

2016020200033369

**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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) MR. KENNETH J. BIALKIN		Date of Receipt 10 / 06 / 2015
Mailing Address 211 CENTRAL PARK W.		Transaction ID : SA11.3097765
City NEW YORK CITY	State NY	
Zip Code 10036-		Amount of Each Receipt this Period 1275.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer SKADDEN, ARPS SLATE, MEAGHER & FLOM	Occupation ATTORNEY	Amount of Each Receipt this Period 2275.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2275.00	

B. Full Name (Last, First, Middle Initial) MR. BENJAMIN H. BIELAWSKI		Date of Receipt 11 / 10 / 2015
Mailing Address 1978 SPRUCE		Transaction ID : SA11.3098392
City HIGHLAND PARK	State IL	
Zip Code 60035-2153		Amount of Each Receipt this Period 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer INSTITUTIONAL CAPITAL	Occupation FINANCIAL MANAGEMENT	Amount of Each Receipt this Period 500.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) MR. PAUL M. BIELECKI		Date of Receipt 12 / 07 / 2015
Mailing Address 801 W. GLENN DRIVE		Transaction ID : SA11.3099141
City PHOENIX	State AZ	
Zip Code 85021-8638		Amount of Each Receipt this Period 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer LEWIS & ROCCA	Occupation ATTORNEY	Amount of Each Receipt this Period 500.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2275.00
TOTAL This Period (last page this line number only).....	

20160202020003370

**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 39 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. GORDON M. BINDER		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 969 BUCKINGHAM PLACE		Transaction ID : SA11.3099144
City PASADENA	State CA	
Zip Code 91105-2205		Amount of Each Receipt this Period CONTRIBUTION 2700.00
FEC ID number of contributing federal political committee C		Election Cycle-to-Date 2700.00
Name of Employer COASTVIEW CAPITAL	Occupation MANAGING MEMBER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) MRS. INGER A. BISCHOFBERGER		Date of Receipt MM / DD / YYYY 10 / 21 / 2015
Mailing Address 983 BARROILHET AVE		Transaction ID : SA11.3097998
City HILLSBOROUGH	State CA	
Zip Code 94010-6519		Amount of Each Receipt this Period CONTRIBUTION 5000.00
FEC ID number of contributing federal political committee C		Election Cycle-to-Date 5000.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) MRS. INGER A. BISCHOFBERGER		Date of Receipt MM / DD / YYYY 10 / 21 / 2015
Mailing Address 983 BARROILHET AVE		Transaction ID : SA11.3097998B
City HILLSBOROUGH	State CA	
Zip Code 94010-6519		Amount of Each Receipt this Period CONTRIBUTION -2300.00
FEC ID number of contributing federal political committee C		Election Cycle-to-Date 5000.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	7700.00
TOTAL This Period (last page this line number only).....	

201602020003371

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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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.

Full Name (Last, First, Middle Initial) MRS. INGER A. BISCHOFBERGER		Date of Receipt MM / DD / YYYY 10 / 21 / 2015
Mailing Address 983 BARROILHET AVE		Transaction ID : SA11.3098013
City HILLSBOROUGH	State CA	Zip Code 94010-6519
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 2300.00 CONTRIBUTION	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) MR. NORBERT W. BISCHOFBERGER		Date of Receipt MM / DD / YYYY 10 / 21 / 2015
Mailing Address 983 BARROILHET AVE		Transaction ID : SA11.3098002
City HILLSBOROUGH	State CA	Zip Code 94010-6519
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 5000.00 CONTRIBUTION	
Name of Employer GILEAD SCIENCES	Occupation SCIENTIST	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) MR. NORBERT W. BISCHOFBERGER		Date of Receipt MM / DD / YYYY 10 / 21 / 2015
Mailing Address 983 BARROILHET AVE		Transaction ID : SA11.3098002B
City HILLSBOROUGH	State CA	Zip Code 94010-6519
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period -2300.00 CONTRIBUTION	
Name of Employer GILEAD SCIENCES	Occupation SCIENTIST	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

201602020003372

**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 41 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. NORBERT W. BISCHOFBERGER		Date of Receipt MM / DD / YYYY 10 / 21 / 2015
Mailing Address 983 BARROILHET AVE		Transaction ID : SA11.3098011
City HILLSBOROUGH	State CA	
Zip Code 94010-6519		Amount of Each Receipt this Period 2300.00
FEC ID number of contributing federal political committee C		CONTRIBUTION
Name of Employer GILEAD SCIENCES	Occupation SCIENTIST	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

B. Full Name (Last, First, Middle Initial) WILLIAM BLALOCK		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 609 WEST BRADDOCK ROAD		Transaction ID : SA11.3099703
City ALEXANDRIA	State VA	
Zip Code 22302-4104		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee C		CONTRIBUTION
Name of Employer FIERCE GOVERNMENT RELATIONS	Occupation LOBBYIST	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

C. Full Name (Last, First, Middle Initial) MR. BOB E. BLATNER JR.		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 2231 HEMET CT		Transaction ID : SA11.3099747
City BRENTWOOD	State CA	
Zip Code 94513-6165		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	

2016020200033373

**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 42 OF 516
	<input checked="" 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 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. SUSAN S. BLOOMFIELD		Date of Receipt MM / DD / YYYY 11 / 10 / 2015
Mailing Address 940 1ST STREET		Transaction ID : SA11.3098396
City MANHATTAN BEACH	State CA	
Zip Code 90266-6604		Amount of Each Receipt this Period 200.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MRS. SUSAN S. BLOOMFIELD		Date of Receipt MM / DD / YYYY 11 / 10 / 2015
Mailing Address 940 1ST STREET		Transaction ID : SA11.3098396B
City MANHATTAN BEACH	State CA	
Zip Code 90266-6604		Amount of Each Receipt this Period -200.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		[MEMO ITEM] REDESIGNATION TO GENERAL
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

C. Full Name (Last, First, Middle Initial) MRS. SUSAN S. BLOOMFIELD		Date of Receipt MM / DD / YYYY 11 / 10 / 2015
Mailing Address 940 1ST STREET		Transaction ID : SA11.3099514
City MANHATTAN BEACH	State CA	
Zip Code 90266-6604		Amount of Each Receipt this Period 200.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		[MEMO ITEM] REDESIGNATION FROM PRIMARY
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

201602020003374

**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 516
(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)
MR. DEAN BLOXOM

Mailing Address **13054 E. CORRINE DRIVE**

City **SCOTTSDALE** State **AZ** Zip Code **85259-3553**

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

Name of Employer **IMORTGAGE.COM** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **2700.00**

Date of Receipt: **12 / 31 / 2015**
Transaction ID : SA11.3099584

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LINDEN PRAUSE BLUE

Mailing Address **14200 KIRKHAM WAY**

City **POWAY** State **CA** Zip Code **92064-7103**

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

Name of Employer **GENERAL ATOMICS AERONAUTICAL** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1500.00**

Date of Receipt: **10 / 20 / 2015**
Transaction ID : SA11.3097976

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. NEAL BLUE

Mailing Address **9756 LA JOLLA FARMS ROAD**

City **LA JOLLA** State **CA** Zip Code **92037-1133**

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

Name of Employer **GENERAL ATOMIC** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **10 / 20 / 2015**
Transaction ID : SA11.3097977

Amount of Each Receipt this Period
5400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **9600.00**

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

2016020200033375

**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 44 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. NEAL BLUE		Date of Receipt MM / DD / YYYY 10 / 20 / 2015
Mailing Address 9756 LA JOLLA FARMS ROAD		Transaction ID : SA11.3097977B
City LA JOLLA	State CA	
Zip Code 92037-1133		Amount of Each Receipt this Period -2700.00
FEC ID number of contributing federal political committee C		CONTRIBUTION
Name of Employer GENERAL ATOMIC	Occupation CHAIRMAN	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MR. NEAL BLUE		Date of Receipt MM / DD / YYYY 10 / 20 / 2015
Mailing Address 9756 LA JOLLA FARMS ROAD		Transaction ID : SA11.3098009
City LA JOLLA	State CA	
Zip Code 92037-1133		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee C		CONTRIBUTION
Name of Employer GENERAL ATOMIC	Occupation CHAIRMAN	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

C. Full Name (Last, First, Middle Initial) MS. VIRGINIA BOBINS		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 209 E. LAKE SHORE DRIVE #10E		Transaction ID : SA11.3098551
City CHICAGO	State IL	
Zip Code 60611-1307		Amount of Each Receipt this Period 5400.00
FEC ID number of contributing federal political committee C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	

2016020200033376

**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 45 OF 516
	<input checked="" 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 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. VIRGINIA BOBINS		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 209 E. LAKE SHORE DRIVE #10E		Transaction ID : SA11.3098551B
City CHICAGO	State Zip Code IL 60611-1307	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period -2700.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial) MS. VIRGINIA BOBINS		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 209 E. LAKE SHORE DRIVE #10E		Transaction ID : SA11.3098702
City CHICAGO	State Zip Code IL 60611-1307	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 2700.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial) DR. JOHN C. BODLE		Date of Receipt MM / DD / YYYY 11 / 23 / 2015
Mailing Address 126 ANGELA DRIVE		Transaction ID : SA11.3098762
City SANTA ROSA	State Zip Code CA 95403-1773	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

2016020200033377

**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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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.

Full Name (Last, First, Middle Initial) OLE BORCH-CHRISTENSEN		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 4561 EAST DESERT PARK PLACE		Transaction ID : SA11.3098539
City PARADISE VALLEY	State AZ	Zip Code 85253-2912
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 120.00 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation SELF-EMPLOYED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00	

Full Name (Last, First, Middle Initial) MRS. CHRISTINE M. BOUBEK		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address 7243 N. CENTRAL AVENUE		Transaction ID : SA11.3099317
City PHOENIX	State AZ	Zip Code 85020-4850
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 200.00 CONTRIBUTION	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) MR. EDWARD BOWLES		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 3142 CARNEGIE PL		Transaction ID : SA11.3097954
City SAN DIEGO	State CA	Zip Code 92122-3242
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer GENERAL ATOMICS	Occupation ENGINEER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	820.00
TOTAL This Period (last page this line number only).....	

20160202020003378

**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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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.

Full Name (Last, First, Middle Initial) A. MAX BOYER		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address 4036 E. HALE CIRCLE		Transaction ID : SA11.3099364
City MESA	State AZ	
Zip Code 85205-4033		Amount of Each Receipt this Period 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 500.00
Name of Employer BOYER BOHN PC	Occupation ATTORNEY	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. MR. ANTHONY BRADLEY		Date of Receipt MM / DD / YYYY 10 / 13 / 2015
Mailing Address 911 W. BUTLER DRIVE		Transaction ID : SA11.3097833
City PHOENIX	State AZ	
Zip Code 85021-4456		Amount of Each Receipt this Period 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 1200.00
Name of Employer AZ TRUCKING ASSOCIATES	Occupation PRESIDENT & CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. MR. ANTHONY BRADLEY		Date of Receipt MM / DD / YYYY 10 / 27 / 2015
Mailing Address 911 W. BUTLER DRIVE		Transaction ID : SA11.3098052
City PHOENIX	State AZ	
Zip Code 85021-4456		Amount of Each Receipt this Period 200.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 1200.00
Name of Employer AZ TRUCKING ASSOCIATES	Occupation PRESIDENT & CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	

201602020003379

**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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
MRS. KAY BRADSHAW

Mailing Address **4054 E. GROVE CIRCLE**

City **MESA** State **AZ** Zip Code **85206-3209**

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11.3099590

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. BRITTANY BRAMELL

Mailing Address **2313 LENNOX COURT**

City **LIVERMORE** State **CA** Zip Code **94550-6641**

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

Name of Employer **LINDSEY GRAHAM 2016** Occupation **POLITICAL OPERATIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 03 / 2015

Transaction ID : SA11.3098971

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. WENDY G. BRIGGS

Mailing Address **333 W. EL CAMINO DRIVE**

City **PHOENIX** State **AZ** Zip Code **85021-5524**

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

Name of Employer **VERIDUS LLC** Occupation **ATTORNEY & LOBBYIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11.3097835

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

2000.00

201602020003380

**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 516
(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)
MS. WENDY G. BRIGGS

Mailing Address **333 W. EL CAMINO DRIVE**

City **PHOENIX** State **AZ** Zip Code **85021-5524**

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

Name of Employer **VERIDUS LLC** Occupation **ATTORNEY & LOBBYIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : SA11.3098361

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. WENDY G. BRIGGS

Mailing Address **333 W. EL CAMINO DRIVE**

City **PHOENIX** State **AZ** Zip Code **85021-5524**

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

Name of Employer **VERIDUS LLC** Occupation **ATTORNEY & LOBBYIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : SA11.3098361B

Amount of Each Receipt this Period
-1300.00
CONTRIBUTION
**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
MS. WENDY G. BRIGGS

Mailing Address **333 W. EL CAMINO DRIVE**

City **PHOENIX** State **AZ** Zip Code **85021-5524**

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

Name of Employer **VERIDUS LLC** Occupation **ATTORNEY & LOBBYIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : SA11.3099509

Amount of Each Receipt this Period
1300.00
CONTRIBUTION
**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

SUBTOTAL of Receipts This Page (optional)..... **2500.00**

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

2016020200033381

**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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
GILA BRONNER

Mailing Address **120 LASALLE STREET
STE. 1300**

City **CHICAGO** State **IL** Zip Code **60602-3488**

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

Name of Employer **BRONNER GROUP** Occupation **GOVERNMENT CONSULTING**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : **SA11.3098410**

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LTC. EDWARD G. BROWN JR.

Mailing Address **4157 S. CONSTANCIA COURT**

City **GREEN VALLEY** State **AZ** Zip Code **85622-5612**

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 **375.00**

Date of Receipt **11 / 24 / 2015**

Transaction ID : **SA11.3098798**

Amount of Each Receipt this Period
75.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. OSCAR D. BROWN

Mailing Address **2459 LAKEVIEW CIRCLE**

City **ARLINGTON** State **TX** Zip Code **76013-3327**

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

Name of Employer **F.A.A.** Occupation **SAFETY INSPECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt **11 / 17 / 2015**

Transaction ID : **SA11.3098580**

Amount of Each Receipt this Period
200.00
CONTRIBUTION

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

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

1775.00

201602020200033382

**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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
MR. WALTER L. BROWN JR.

Mailing Address **7500 E. MCDONALD DRIVE SUITE 100A**

City **SCOTTSDALE** State **AZ** Zip Code **85250-6056**

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

Name of Employer **DIVERSIFIED PARTNERS** Occupation **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
12 / 07 / 2015

Transaction ID : **SA11.3099143**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. LAURETTE M. BRYAN

Mailing Address **573 ROCKLEDGE DRIVE**

City **ROCKLEDGE** State **FL** Zip Code **32955-2438**

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 **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2015

Transaction ID : **SA11.3099471**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. NICHOLAS J. BUCCI

Mailing Address **4871 BROOKBURN DRIVE**

City **SAN DIEGO** State **CA** Zip Code **92130-2787**

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

Name of Employer **GENERAL ATOMICS** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : **SA11.3098004**

Amount of Each Receipt this Period
750.00
 CONTRIBUTION

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

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

2000.00

2016020200033383

**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 516	
	(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	

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

Full Name (Last, First, Middle Initial) BROOKE BUCHANAN		Date of Receipt MM / DD / YYYY 12 / 31 / 2015	
Mailing Address 2148 FRANKLIN STREET		Transaction ID : SA11.3099833	
City SAN FRANCISCO	State CA	Zip Code 94109-2912	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee C			
Name of Employer THERANOS	Occupation VICE PRESIDENT		Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) R. DUKE BUCHAN		Date of Receipt MM / DD / YYYY 12 / 04 / 2015	
Mailing Address P.O. BOX 3286		Transaction ID : SA11.3099057	
City PALM BEACH	State FL	Zip Code 33480-1486	Amount of Each Receipt this Period 2700.00 CONTRIBUTION
FEC ID number of contributing federal political committee C			
Name of Employer HUNTER GLOBAL INVESTORS	Occupation INVESTOR		Amount of Each Receipt this Period 2700.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) MR. CHRISTOPHER BUCHBINDER		Date of Receipt MM / DD / YYYY 10 / 19 / 2015	
Mailing Address 25 CORNWALL ST.		Transaction ID : SA11.3097940	
City MILL VALLEY	State CA	Zip Code 94941-1730	Amount of Each Receipt this Period 5400.00 CONTRIBUTION
FEC ID number of contributing federal political committee C			
Name of Employer CAPITAL GROUP	Occupation PORTFOLIO MANAGER		Amount of Each Receipt this Period 5400.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

SUBTOTAL of Receipts This Page (optional).....	9100.00
TOTAL This Period (last page this line number only).....	

201602020003384

**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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
MR. CHRISTOPHER BUCHBINDER

Mailing Address **25 CORNWALL ST.**

City MILL VALLEY	State CA	Zip Code 94941-1730
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FEC ID number of contributing federal political committee: **C**

Name of Employer CAPITAL GROUP	Occupation PORTFOLIO MANAGER
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **10 / 19 / 2015**

Transaction ID : **SA11.3097940B**

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address **25 CORNWALL ST.**

City MILL VALLEY	State CA	Zip Code 94941-1730
----------------------------	--------------------	-------------------------------

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

Name of Employer CAPITAL GROUP	Occupation PORTFOLIO MANAGER
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **10 / 19 / 2015**

Transaction ID : **SA11.3097963**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. NELSON S. BURBANK

Mailing Address **24 JUNIPER CIRCLE**

City READING	State MA	Zip Code 01867-1836
------------------------	--------------------	-------------------------------

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: **400.00**

Date of Receipt: **12 / 04 / 2015**

Transaction ID : **SA11.3098936**

Amount of Each Receipt this Period
400.00

CONTRIBUTION

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

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

400.00

2016020200033385

**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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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. STEPHEN P. BURCH		Date of Receipt MM / DD / YYYY 11 / 13 / 2015
Mailing Address 14125 W. ZODIAC DRIVE		Transaction ID : SA11.3098489
City ELOY	State AZ	Zip Code 85131-3240
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 25.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 318.00	

B. Full Name (Last, First, Middle Initial) MR. STEPHEN P. BURCH		Date of Receipt MM / DD / YYYY 12 / 16 / 2015
Mailing Address 14125 W. ZODIAC DRIVE		Transaction ID : SA11.3099239
City ELOY	State AZ	Zip Code 85131-3240
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 45.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 318.00	

C. Full Name (Last, First, Middle Initial) MR. MICHAEL BURROWS		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 160 E. 89TH STREET APT. 8A		Transaction ID : SA11.3099593
City NEW YORK	State NY	Zip Code 10128-2307
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 200.00 CONTRIBUTION	
Name of Employer GREENBERG TRAUIG	Occupation ATTORNEY	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

201602020003386

**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 55 OF 516
	<input checked="" 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 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. NATALIE F. BUSH		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 903 TURKEY RUN ROAD		Transaction ID : SA11.3098689
City MCLEAN	State Zip Code VA 22101-1705	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 200.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MRS. NATALIE F. BUSH		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 903 TURKEY RUN ROAD		Transaction ID : SA11.3098689B
City MCLEAN	State Zip Code VA 22101-1705	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period -100.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial) MRS. NATALIE F. BUSH		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 903 TURKEY RUN ROAD		Transaction ID : SA11.3098718
City MCLEAN	State Zip Code VA 22101-1705	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 100.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

201602020003387

**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 516
	(check only one)	
	<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.

Full Name (Last, First, Middle Initial) MR. WESLEY G. BUSH		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 903 TURKEY RUN ROAD		Transaction ID : SA11.3098687
City MCLEAN	State VA	Zip Code 22101-1705
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 200.00	
Name of Employer NORTHROP GRUMMAN	Occupation CEO & CHAIRMAN	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) MR. WESLEY G. BUSH		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 903 TURKEY RUN ROAD		Transaction ID : SA11.3098687B
City MCLEAN	State VA	Zip Code 22101-1705
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period -100.00	
Name of Employer NORTHROP GRUMMAN	Occupation CEO & CHAIRMAN	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) MR. WESLEY G. BUSH		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 903 TURKEY RUN ROAD		Transaction ID : SA11.3098720
City MCLEAN	State VA	Zip Code 22101-1705
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 100.00	
Name of Employer NORTHROP GRUMMAN	Occupation CEO & CHAIRMAN	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

2016020200033388

**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 57 OF 516	
	<input checked="" 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 type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
MR. MARK CAMPBELL

Mailing Address **1362 EAST BROWNING AVENUE**

City **SALT LAKE CITY** State **UT** Zip Code **84105-2602**

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

Name of Employer **PEER VENTURES** Occupation **VENTURE CAPITAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
10 / 12 / 2015

Transaction ID : SA11.3097824

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MICHELLE CAMPBELL

Mailing Address **1362 EAST BROWNING AVENUE**

City **SALT LAKE CITY** State **UT** Zip Code **84105-2602**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
10 / 12 / 2015

Transaction ID : SA11.3097823

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. ELIZABETH CARACCILO

Mailing Address **9069 E. MAPLE DRIVE**

City **SCOTTSDALE** State **AZ** Zip Code **85255-9276**

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

Name of Employer **AMERICAN TRAFFIC SOLUTIONS** Occupation **ACCOUNT MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
10 / 27 / 2015

Transaction ID : SA11.3098086

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

2016020200033389

**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 516
	(check only one)	
	<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) MR. JOHN TYLER CARLSON		Date of Receipt MM / DD / YYYY 10 / 27 / 2015
Mailing Address 3575 MCCORMICK DRIVE #E-203		Transaction ID : SA11.3098081
City BULLHEAD CITY	State AZ	
Zip Code 86429-7698		Amount of Each Receipt this Period CONTRIBUTION 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer MOHAVE ELECTRIC	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) MS. HELEN CARRAS		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 21766 54TH AVENUE		Transaction ID : SA11.3098654
City BAYSIDE HILLS	State NY	
Zip Code 11364-1415		Amount of Each Receipt this Period CONTRIBUTION 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 675.00	

C. Full Name (Last, First, Middle Initial) MS. HELEN CARRAS		Date of Receipt MM / DD / YYYY 12 / 08 / 2015
Mailing Address 21766 54TH AVENUE		Transaction ID : SA11.3099156
City BAYSIDE HILLS	State NY	
Zip Code 11364-1415		Amount of Each Receipt this Period CONTRIBUTION 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 675.00	

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

2016020200033390

**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 59 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) LORENE DENYCE CARTER		Date of Receipt MM / DD / YYYY 10 / 21 / 2015
Mailing Address 4873 49TH ST		Transaction ID : SA11.3097987
City SAN DIEGO	State CA Zip Code 92115-1906	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period CONTRIBUTION 250.00
Name of Employer GENERAL ATOMICS	Occupation VICE PRESIDENT CONTRACTS	Election Cycle-to-Date 250.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) MG THOMAS L. CARTER		Date of Receipt MM / DD / YYYY 10 / 09 / 2015
Mailing Address 2032 ASHBURTON WAY		Transaction ID : SA11.3097803
City MOUNT PLEASANT	State SC Zip Code 29466-6859	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period CONTRIBUTION 1000.00
Name of Employer SELF-EMPLOYED	Occupation CONSULTANT	Election Cycle-to-Date 1000.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) MR. B.J. CASSIN		Date of Receipt MM / DD / YYYY 10 / 21 / 2015
Mailing Address FOUR MAIN ST STE 250		Transaction ID : SA11.3097985
City LOS ALTOS	State CA Zip Code 94022-2931	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period CONTRIBUTION 5400.00
Name of Employer SELF-EMPLOYED	Occupation VENTURE CAPITALIST	Election Cycle-to-Date 2700.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	6650.00
TOTAL This Period (last page this line number only).....	

201602020003391

**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 516
(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)
MR. B.J. CASSIN

Mailing Address **FOUR MAIN ST STE 250**

City **LOS ALTOS** State **CA** Zip Code **94022-2931**

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

Name of Employer **SELF-EMPLOYED** Occupation **VENTURE CAPITALIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **10 / 21 / 2015**
Transaction ID : **SA11.3097985B**

Amount of Each Receipt this Period
-2700.00
CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
MRS. ISABEL B. CASSIN

Mailing Address **4 MAIN ST STE 250**

City **LOS ALTOS** State **CA** Zip Code **94022-2931**

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 **2700.00**

Date of Receipt **10 / 21 / 2015**
Transaction ID : **SA11.3097996**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
NANCY CECCONI

Mailing Address **24 SOTELO AVE**

City **PIEDMONT** State **CA** Zip Code **94611-3535**

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

Name of Employer **DIOCESE OF OAKLAND** Occupation **RN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : **SA11.3099681**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **100.00**

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

201602020003392

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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
THE HON. C. SAXBY CHAMBLISS

Mailing Address **27 CHEROKEE ROAD**

City **MOULTRIE** State **GA** Zip Code **31768-6541**

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

Name of Employer **DLA PIPER US LLP** Occupation **COUNSEL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **11 / 18 / 2015**

Transaction ID : **SA11.3098693**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PAUL K. 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 **3100.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : **SA11.3099101**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PAUL K. 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 **3100.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099101B**

Amount of Each Receipt this Period
400.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

1500.00

2016020200033393

**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 62 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. PAUL K. 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 **3100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y
12 / 31 / 2015

Transaction ID : **SA11.3099622**

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address **P.O. BOX 6716**

City **HELENA** State **MT** Zip Code **59604-6716**

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

Name of Employer **GENERAL ATOMICS** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y
10 / 19 / 2015

Transaction ID : **SA11.3097947**

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAE MAN CHIN

Mailing Address **3290 S. CAMELLIA PLACE**

City **CHANDLER** State **AZ** Zip Code **85248-3836**

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

Name of Employer **SUPER CLEANERS** Occupation **BUSINESS OWNER**

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
10 / 27 / 2015

Transaction ID : **SA11.3098040**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1300.00

2016020200033394

**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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
JAE MAN CHIN

Mailing Address **3290 S. CAMELLIA PLACE**

City **CHANDLER** State **AZ** Zip Code **85248-3836**

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

Name of Employer **SUPER CLEANERS** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1600.00**

Date of Receipt: **10 / 27 / 2015**

Transaction ID : **SA11.3098041**

Amount of Each Receipt this Period: **600.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. PATRICIA D. CHIDO

Mailing Address **5346 E. BARWICK DRIVE**

City **CAVE CREEK** State **AZ** Zip Code **85331-2402**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **10 / 27 / 2015**

Transaction ID : **SA11.3098085**

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ARTHUR B. CHOATE

Mailing Address **1390 S. DIXIE HIGHWAY #2221**

City **CORAL GABLES** State **FL** Zip Code **33146-2946**

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

Name of Employer **ART MARINA, INC.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **4700.00**

Date of Receipt: **11 / 24 / 2015**

Transaction ID : **SA11.3098810**

Amount of Each Receipt this Period: **2000.00**

CONTRIBUTION

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

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

2850.00

201602020003395

**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 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
MR. ARTHUR B. CHOATE

Mailing Address **1390 S. DIXIE HIGHWAY #2221**

City **CORAL GABLES** State **FL** Zip Code **33146-2946**

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

Name of Employer **ART MARINA, INC.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4700.00**

Date of Receipt **11 / 24 / 2015**

Transaction ID : **SA11.3098810B**

Amount of Each Receipt this Period
-2000.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. ARTHUR B. CHOATE

Mailing Address **1390 S. DIXIE HIGHWAY #2221**

City **CORAL GABLES** State **FL** Zip Code **33146-2946**

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

Name of Employer **ART MARINA, INC.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4700.00**

Date of Receipt **11 / 24 / 2015**

Transaction ID : **SA11.3099500**

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
WHAN SIK CHOI

Mailing Address **1840 W CHANDLER BLVD # D-9**

City **CHANDLER** State **AZ** Zip Code **85224-6201**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt **10 / 27 / 2015**

Transaction ID : **SA11.3098072**

Amount of Each Receipt this Period
900.00
CONTRIBUTION

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

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

900.00

201602020200033396

**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 65 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. STEVEN M. CHORKAWY		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 1371 RUSSELL AVENUE		Transaction ID : SA11.3098560
City LINCOLN PARK	State MI	
Zip Code 48146-1626		Amount of Each Receipt this Period CONTRIBUTION 50.00
FEC ID number of contributing federal political committee C		CONTRIBUTION 275.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

B. Full Name (Last, First, Middle Initial) VU CHUNG		Date of Receipt MM / DD / YYYY 10 / 27 / 2015
Mailing Address 4654 E. MOUNTAIN VISTA DRIVE		Transaction ID : SA11.3098070
City PHOENIX	State AZ	
Zip Code 85048-0403		Amount of Each Receipt this Period CONTRIBUTION 400.00
FEC ID number of contributing federal political committee C		CONTRIBUTION 400.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

C. Full Name (Last, First, Middle Initial) MR. J. KENNETH CLANCY		Date of Receipt MM / DD / YYYY 12 / 16 / 2015
Mailing Address 9305 N. 115TH STREET		Transaction ID : SA11.3099238
City SCOTTSDALE	State AZ	
Zip Code 85259-5849		Amount of Each Receipt this Period CONTRIBUTION 150.00
FEC ID number of contributing federal political committee C		CONTRIBUTION 350.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

2016020200033397

**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 516
(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)
MS. ALICE B. CLARK

Mailing Address **7500 OLD GEORGETOWN RD**

City **BETHESDA** State **MD** Zip Code **20814-6133**

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
2700.00

Date of Receipt
 / /
11 / 20 / 2015

Transaction ID : **SA11.3098751**

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DOUGLAS COLEMAN

Mailing Address **1474 S. ROYAL PALM**

City **APACHE JUNCTION** State **AZ** Zip Code **85119-6580**

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

Name of Employer **STATE OF ARIZONA** Occupation **LEGISLATOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 / /
12 / 14 / 2015

Transaction ID : **SA11.3099226**

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HERBERT COLEMAN

Mailing Address **3429 EAST LIONS**

City **PHOENIX** State **AZ** Zip Code **85018-1552**

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

Name of Employer **COLEMAN DAHM AND ASSOCIATES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3250.00

Date of Receipt
 / /
11 / 03 / 2015

Transaction ID : **SA11.3098357**

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

3950.00

201602020003398

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 OF 516
(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)
MR. HERBERT COLEMAN

Mailing Address **3429 EAST LIONS**

City **PHOENIX** State **AZ** Zip Code **85018-1552**

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

Name of Employer **COLEMAN DAHM AND ASSOCIATES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3250.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : **SA11.3098357B**

Amount of Each Receipt this Period
-550.00
CONTRIBUTION
[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. HERBERT COLEMAN

Mailing Address **3429 EAST LIONS**

City **PHOENIX** State **AZ** Zip Code **85018-1552**

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

Name of Employer **COLEMAN DAHM AND ASSOCIATES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3250.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : **SA11.3099511**

Amount of Each Receipt this Period
550.00
CONTRIBUTION
[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. RICHARD H. COLLINS

Mailing Address **8150 N. CENTRAL EXPRESSWAY STE. 2000**

City **DALLAS** State **TX** Zip Code **75206-1872**

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

Name of Employer **R. COLLINS ENTERPRISES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 20 / 2015**
Transaction ID : **SA11.3097970**

Amount of Each Receipt this Period
200.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **200.00**

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

2016020200033399

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 68 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

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

Mailing Address **8150 N. CENTRAL EXPRESSWAY**
STE. 2000

City **DALLAS** State **TX** Zip Code **75206-1872**

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

Name of Employer **R. COLLINS ENTERPRISES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 20 / 2015**

Transaction ID : **SA11.3097970B**

Amount of Each Receipt this Period
-100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address **8150 N. CENTRAL EXPRESSWAY**
STE. 2000

City **DALLAS** State **TX** Zip Code **75206-1872**

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

Name of Employer **R. COLLINS ENTERPRISES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 20 / 2015**

Transaction ID : **SA11.3098170**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. TIM F. COONS

Mailing Address **6204 E. INGRAM ST**

City **MESA** State **AZ** Zip Code **85205-3673**

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

Name of Employer **UDALL SHUMWAY** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : **SA11.3099294**

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

201602020200033400

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 69 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. MILTON COOPER

Mailing Address **3333 NEW HYDE PARK ROAD**

City NEW HYDE PARK	State NY	Zip Code 11042-1204
------------------------------	--------------------	-------------------------------

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: **5400.00**

Date of Receipt: **12 / 07 / 2015**

Transaction ID : **SA11.3099128**

Amount of Each Receipt this Period
400.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MILTON COOPER

Mailing Address **3333 NEW HYDE PARK ROAD**

City NEW HYDE PARK	State NY	Zip Code 11042-1204
------------------------------	--------------------	-------------------------------

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: **5400.00**

Date of Receipt: **12 / 07 / 2015**

Transaction ID : **SA11.3099128B**

Amount of Each Receipt this Period
-400.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. MILTON COOPER

Mailing Address **3333 NEW HYDE PARK ROAD**

City NEW HYDE PARK	State NY	Zip Code 11042-1204
------------------------------	--------------------	-------------------------------

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: **5400.00**

Date of Receipt: **12 / 07 / 2015**

Transaction ID : **SA11.3099170**

Amount of Each Receipt this Period
400.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

400.00

2016020200033401

**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 70 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. RICHARD J. COURTHEOUX		Date of Receipt MM / DD / YYYY 11 / 10 / 2015
Mailing Address 566 WOODLAWN		Transaction ID : SA11.3098383
City GLENCOE	State IL	
Zip Code 60022-2040		Amount of Each Receipt this Period CONTRIBUTION 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer MARKETING ANALYSIS APPLICATIONS, INC.	Occupation MANAGEMENT CONSULTANT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) MRS. ALICE NEAL COWLEY		Date of Receipt MM / DD / YYYY 12 / 14 / 2015
Mailing Address 2840 N. WHITING CIR		Transaction ID : SA11.3099225
City MESA	State AZ	
Zip Code 85213-1559		Amount of Each Receipt this Period CONTRIBUTION 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) MR. EDWARD F. COX		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 1133 AVENUE OF THE AMERICAS		Transaction ID : SA11.3099126
City NEW YORK	State NY	
Zip Code 10036-6710		Amount of Each Receipt this Period CONTRIBUTION 1800.00
FEC ID number of contributing federal political committee. C		
Name of Employer N.Y.R.S.C.	Occupation CHAIRMAN	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	2550.00
TOTAL This Period (last page this line number only).....	

2016020200033402

**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 71 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MR. EDWARD F. COX		Date of Receipt MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 1133 AVENUE OF THE AMERICAS		Transaction ID : SA11.3099126B	
City NEW YORK	State NY	Zip Code 10036-6710	Amount of Each Receipt this Period -1700.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		[MEMO ITEM] REDESIGNATION TO GENERAL	
Name of Employer N.Y.R.S.C.	Occupation CHAIRMAN	Election Cycle-to-Date 5400.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) MR. EDWARD F. COX		Date of Receipt MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 1133 AVENUE OF THE AMERICAS		Transaction ID : SA11.3099507	
City NEW YORK	State NY	Zip Code 10036-6710	Amount of Each Receipt this Period 1700.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		[MEMO ITEM] REDESIGNATION FROM PRIMARY	
Name of Employer N.Y.R.S.C.	Occupation CHAIRMAN	Election Cycle-to-Date 5400.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) MR. EDWARD H. CRABBS		Date of Receipt MM / DD / YYYY 11 / 17 / 2015	
Mailing Address 8314 BAYONET POINT COURT		Transaction ID : SA11.3098581	
City FREDERICKSBURG	State VA	Zip Code 22407-2124	Amount of Each Receipt this Period 50.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		[MEMO ITEM] CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 259.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	50.00

2016020200033403

**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 72 OF 516	
	<input checked="" 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 type="checkbox"/> 15

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

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

Mailing Address **8550 E. SAN LORENZO DRIVE**

City **SCOTTSDALE** State **AZ** Zip Code **85258-2590**

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

Name of Employer **UTILITY TRAILER SALES OF ARIZONA** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
10 / 13 / 2015

Transaction ID : SA11.3097865

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. C. WEBB CROCKETT

Mailing Address **1510 N. GENTRY CIRCLE**

City **MESA** State **AZ** Zip Code **85213-4001**

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

Name of Employer **FENNEMORE CRAIG P.C.** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
12 / 23 / 2015

Transaction ID : SA11.3099475

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. MICHAEL S. CROCKETT

Mailing Address **2949 E. SIERRA MADRE AVENUE**

City **GILBERT** State **AZ** Zip Code **85296-9456**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
12 / 18 / 2015

Transaction ID : SA11.3099277

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

1550.00

2016020200033404

**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 73 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MR. JACK I. CROWELL		Date of Receipt MM / DD / YYYY 11 / 23 / 2015
Mailing Address 3760 SAINT ANDREWS DRIVE		Transaction ID : SA11.3098759
City RENO State NV Zip Code 89502-9612	Amount of Each Receipt this Period CONTRIBUTION 250.00	
FEC ID number of contributing federal political committee C	Occupation RETIRED	Amount of Each Receipt this Period CONTRIBUTION 850.00
Name of Employer RETIRED	Election Cycle-to-Date 850.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MRS. MARY V. CURRIE		Date of Receipt MM / DD / YYYY 11 / 25 / 2015
Mailing Address 230 CORONADO TRAIL		Transaction ID : SA11.3098818
City SEDONA State AZ Zip Code 86336-3552	Amount of Each Receipt this Period CONTRIBUTION 50.00	
FEC ID number of contributing federal political committee C	Occupation RETIRED	Amount of Each Receipt this Period CONTRIBUTION 250.00
Name of Employer RETIRED	Election Cycle-to-Date 250.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MRS. REBECCA K. DAHMER		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 3201 E. CAMINO SIN NOMBRE		Transaction ID : SA11.3099095
City PARADISE VALLEY State AZ Zip Code 85253-5061	Amount of Each Receipt this Period CONTRIBUTION 800.00	
FEC ID number of contributing federal political committee C	Occupation HOMEMAKER	Amount of Each Receipt this Period CONTRIBUTION 1600.00
Name of Employer HOMEMAKER	Election Cycle-to-Date 1600.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

2016020200033405

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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.

Full Name (Last, First, Middle Initial) MR. RYAN DANIELSON		Date of Receipt MM / DD / YYYY 12 / 14 / 2015
Mailing Address 1055 SOUTH 1675 WEST		Transaction ID : SA11.3099222
City OREM	State UT	Zip Code 84058-2204
FEC ID number of contributing federal political committee	Amount of Each Receipt this Period CONTRIBUTION 1000.00	
Name of Employer HALOPRIME	Occupation PARTNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MR. MARCEL DANKO		Date of Receipt MM / DD / YYYY 10 / 21 / 2015
Mailing Address 12618 INTERMEZZO WAY		Transaction ID : SA11.3097988
City SAN DIEGO	State CA	Zip Code 92130-2459
FEC ID number of contributing federal political committee	Amount of Each Receipt this Period CONTRIBUTION 250.00	
Name of Employer GENERAL ATOMICS	Occupation FINANCE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) DR. LOAN H. DAO		Date of Receipt MM / DD / YYYY 10 / 27 / 2015
Mailing Address 11310 E. FLINTLOCK DRIVE		Transaction ID : SA11.3098075
City CHANDLER	State AZ	Zip Code 85249-4298
FEC ID number of contributing federal political committee	Amount of Each Receipt this Period CONTRIBUTION 300.00	
Name of Employer SELF-EMPLOYED	Occupation DENTIST	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

2016020200033406

**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 75 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial)
LCDR. DONALD P. DARNELL USN (RET.)

Mailing Address **10118 FARMINGTON DRIVE**

City State Zip Code
FAIRFAX VA 22030-2049

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
12 / 07 / 2015
Transaction ID : **SA11.3099072**

Amount of Each Receipt this Period
75.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
MR. FATOHLAH DASTMALCHI

Mailing Address **1098 BEVINGER DRIVE**

City State Zip Code
EL DORADO HILLS CA 95762-7669

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

Name of Employer Occupation
CALTRANS TRANSPORTATION ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
11 / 30 / 2015
Transaction ID : **SA11.3098880**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
MS. DEE DEE DAVIES

Mailing Address **3049 N. WISCONSIN STREET**

City State Zip Code
RACINE WI 53402-4072

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
11 / 18 / 2015
Transaction ID : **SA11.3098677**

Amount of Each Receipt this Period
700.00
CONTRIBUTION

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

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

1775.00

20160202020003407

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
MR. ANTHONY B. DAVIS

Mailing Address **111 S. WACKER DRIVE**

City **CHICAGO** State **IL** Zip Code **60606-4302**

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

Name of Employer **LINDEN LLC** Occupation **INVESTOR**

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
11 / 10 / 2015

Transaction ID : **SA11.3098409**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **1185 PARK AVENUE
APARTMENT 6G**

City **NEW YORK** State **NY** Zip Code **10128-1310**

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

Name of Employer **BESSEMER SECURITIES CORPORATION** 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
11 / 25 / 2015

Transaction ID : **SA11.3098812**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FREDERICK R. DEANE M.D.

Mailing Address **3696 COOK VALLEY BLVD SE**

City **GRAND RAPIDS** State **MI** Zip Code **49546-8324**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y
12 / 31 / 2015

Transaction ID : **SA11.3099725**

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

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

1800.00

2016020200033408

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) MR. RICHARD Z. DECKER		Date of Receipt MM / DD / YYYY 12 / 18 / 2015
Mailing Address 3440 E. Kael St		Transaction ID : SA11.3099291
City MESA	State AZ	
Zip Code 85213-1772		Amount of Each Receipt this Period 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer DECKER & COMPANY	Occupation REAL ESTATE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) MR. CHARMEL M. DELA CRUZ		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 590 S. Emerson Street		Transaction ID : SA11.3099146
City CHANDLER	State AZ	
Zip Code 85225-5920		Amount of Each Receipt this Period 210.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer DESIGNERS DISCOUNT	Occupation BUSINESS OWNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00	

C. Full Name (Last, First, Middle Initial) MR. DONALD G. DELONG		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 206 San Miguel Circle		Transaction ID : SA11.3098838
City PLACENTIA	State CA	
Zip Code 92870-6228		Amount of Each Receipt this Period 140.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer NORTHROP GRUMMAN	Occupation AEROSPACE ENGINEER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 740.00	

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

2016020200033409

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 516
	(check only one)	
<input checked="" 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 type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial) MR. THOMAS DEVESTO		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 835 OLD POST RD		Transaction ID : SA11.3098684
City COTUIT	State MA	
Zip Code 02635-2934		Amount of Each Receipt this Period CONTRIBUTION 400.00
FEC ID number of contributing federal political committee C		CONTRIBUTION 5400.00
Name of Employer RE-PAT	Occupation C.E.O.	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MR. THOMAS J. DEVINE		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 333 E. 56TH STREET #14G		Transaction ID : SA11.3099117
City NEW YORK	State NY	
Zip Code 10022-3763		Amount of Each Receipt this Period CONTRIBUTION 500.00
FEC ID number of contributing federal political committee C		CONTRIBUTION 1000.00
Name of Employer SELF-EMPLOYED	Occupation CONSULTANT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) MRS. JENNIFER A. DIAMOND		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address P.O. BOX 231441		Transaction ID : SA11.3099603
City NEW YORK	State NY	
Zip Code 10023-0025		Amount of Each Receipt this Period CONTRIBUTION 2800.00
FEC ID number of contributing federal political committee C		CONTRIBUTION 5400.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	3700.00
TOTAL This Period (last page this line number only).....	

201602020200033410

**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 79 OF 516
	<input checked="" 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 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. JENNIFER A. DIAMOND		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address P.O. BOX 231441		Transaction ID : SA11.3099603B
City NEW YORK	State NY	
Zip Code 10023-0025		Amount of Each Receipt this Period -2700.00
FEC ID number of contributing federal political committee C	CONTRIBUTION	[MEMO ITEM] REDESIGNATION TO GENERAL
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MRS. JENNIFER A. DIAMOND		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address P.O. BOX 231441		Transaction ID : SA11.3099608
City NEW YORK	State NY	
Zip Code 10023-0025		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee C	CONTRIBUTION	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

C. Full Name (Last, First, Middle Initial) MR. ROBERT E. DIAMOND JR.		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 135 E. 57TH STREET, FLOOR 25		Transaction ID : SA11.3099604
City NEW YORK	State NY	
Zip Code 10022-2164		Amount of Each Receipt this Period 2800.00
FEC ID number of contributing federal political committee C	CONTRIBUTION	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Name of Employer ATLAS MERCHANT BANK	Occupation FOUNDER & C.E.O.	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	

2016020200033411

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

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

FOR LINE NUMBER: PAGE 80 OF 516
(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)
MR. ROBERT E. DIAMOND JR.

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

City State Zip Code
NEW YORK NY 10022-2164

FEC ID number of contributing federal political committee
C

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

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date
5400.00

Date of Receipt
12 / 31 / 2015

Transaction ID : **SA11.3099604B**

Amount of Each Receipt this Period
-2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

City State Zip Code
NEW YORK NY 10022-2164

FEC ID number of contributing federal political committee
C

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

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date
5400.00

Date of Receipt
12 / 31 / 2015

Transaction ID : **SA11.3099606**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. JAMES P. DINARDI JR.

Mailing Address **3099 WOHLFORD DR.**

City State Zip Code
ESCONDIDO CA 92027-5274

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
GENERAL ATOMICS AERONAUTICAL SYS. SENIOR DIRECTOR, QA

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date
300.00

Date of Receipt
10 / 21 / 2015

Transaction ID : **SA11.3097989**

Amount of Each Receipt this Period
300.00
CONTRIBUTION

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

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

300.00

2016020200033412

**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 81 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. JOSEPH J. DIOGUARDI		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 1607 EAGLE BAY DRIVE		Transaction ID : SA11.3099111
City OSSINING	State NY Zip Code 10562-2362	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 2700.00 CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation C.P.A./CONSULTANT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MR. JOSEPH J. DIOGUARDI		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 1607 EAGLE BAY DRIVE		Transaction ID : SA11.3099111B
City OSSINING	State NY Zip Code 10562-2362	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period -2700.00 CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation C.P.A./CONSULTANT	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

C. Full Name (Last, First, Middle Initial) MR. JOSEPH J. DIOGUARDI		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 1607 EAGLE BAY DRIVE		Transaction ID : SA11.3099489
City OSSINING	State NY Zip Code 10562-2362	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 2700.00 CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation C.P.A./CONSULTANT	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	

2016020200033413

**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 82 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) DR. HOI VAN DO		Date of Receipt MM / DD / YYYY 10 / 27 / 2015
Mailing Address 7502 COLONIAL COURT		Transaction ID : SA11.3098047
City TAMPA	State FL	
Zip Code 33615-1546		Amount of Each Receipt this Period CONTRIBUTION 500.00
FEC ID number of contributing federal political committee C		CONTRIBUTION 500.00
Name of Employer OBI, VICTOR	Occupation MEDICAL DOCTOR	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) MR. ADAM R. DRAIZIN		Date of Receipt MM / DD / YYYY 10 / 27 / 2015
Mailing Address 6030 E. HUMMINGBIRD LANE		Transaction ID : SA11.3098060
City PARADISE VALLEY	State AZ	
Zip Code 85253-3648		Amount of Each Receipt this Period CONTRIBUTION 1000.00
FEC ID number of contributing federal political committee C		CONTRIBUTION 1000.00
Name of Employer AMERICAN TRAFFIC SOLUTIONS	Occupation DIVISION PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) DR. CHRISTOPHER DREW		Date of Receipt MM / DD / YYYY 12 / 18 / 2015
Mailing Address 4495 E. STANFORD AVE		Transaction ID : SA11.3099292
City GILBERT	State AZ	
Zip Code 85234-7467		Amount of Each Receipt this Period CONTRIBUTION 500.00
FEC ID number of contributing federal political committee C		CONTRIBUTION 500.00
Name of Employer DREW FAMILY DENTISTRY	Occupation DENTIST	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

201602020200033414

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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.

Full Name (Last, First, Middle Initial) MRS. PATSY L. DRUMMOND		Date of Receipt MM / DD / YYYY 11 / 20 / 2015
Mailing Address 1701 BRAMSFORD COURT		Transaction ID : SA11.3098736
City RICHMOND	State VA	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 650.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MRS. PATSY L. DRUMMOND		Date of Receipt MM / DD / YYYY 12 / 28 / 2015
Mailing Address 1701 BRAMSFORD COURT		Transaction ID : SA11.3099529
City RICHMOND	State VA	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 650.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MRS. PATSY L. DRUMMOND		Date of Receipt MM / DD / YYYY 12 / 28 / 2015
Mailing Address 1701 BRAMSFORD COURT		Transaction ID : SA11.3099533
City RICHMOND	State VA	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 650.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

2016020200033415

**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 84 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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. ROGER D. DUKE		Date of Receipt MM / DD / YYYY 10 / 21 / 2015
Mailing Address 12963 GLEN CIR RD		Transaction ID : SA11.3097990
City POWAY	State Zip Code CA 92064-2028	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period CONTRIBUTION 1000.00
Name of Employer GENERAL ATOMICS AERONAUTICAL	Occupation VICE PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) MR. MICHAEL DAVID DUNCAN		Date of Receipt MM / DD / YYYY 10 / 13 / 2015
Mailing Address 16251 W. CORONADO		Transaction ID : SA11.3097837
City GOODYEAR	State Zip Code AZ 85395-7132	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period CONTRIBUTION 250.00
Name of Employer DSL	Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) MR. RICHARD B. DUNCAN III		Date of Receipt MM / DD / YYYY 10 / 13 / 2015
Mailing Address 23860 W. US HIGHWAY 85		Transaction ID : SA11.3097832
City BUCKEYE	State Zip Code AZ 85326-9289	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period CONTRIBUTION 2000.00
Name of Employer DUNCAN & SONS LINES INC.	Occupation EXECUTIVE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

2016020200033416

**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 85 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A.

Full Name (Last, First, Middle Initial)
ROBERT DUNKEL

Mailing Address **1717 POTOMAC GREENS DRIVE**

City **ALEXANDRIA** State **VA** Zip Code **22314-6230**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 03 / 2015

Transaction ID : **SA11.3099035**

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
HONG C. DUONG

Mailing Address **2051 W. WARNER ROAD #22**

City **CHANDLER** State **AZ** Zip Code **85224-8704**

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 **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 27 / 2015

Transaction ID : **SA11.3098073**

Amount of Each Receipt this Period
600.00
 CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. KATHERINE DURANT

Mailing Address **333 NW 9TH STE. 1009**

City **PORTLAND** State **OR** Zip Code **97209-3343**

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

Name of Employer **ATLAS INVESTMENTS** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 17 / 2015

Transaction ID : **SA11.3098544**

Amount of Each Receipt this Period
5400.00
 CONTRIBUTION

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

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

8700.00

2016020200033417

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 86 OF 516
	<input checked="" 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 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. KATHERINE DURANT

Mailing Address **333 NW 9TH STE. 1009**

City **PORTLAND** State **OR** Zip Code **97209-3343**

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

Name of Employer **ATLAS INVESTMENTS** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 17 / 2015**

Transaction ID : **SA11.3098544B**

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MRS. KATHERINE DURANT

Mailing Address **333 NW 9TH STE. 1009**

City **PORTLAND** State **OR** Zip Code **97209-3343**

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

Name of Employer **ATLAS INVESTMENTS** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 17 / 2015**

Transaction ID : **SA11.3098698**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
PATRICK DURKIN

Mailing Address **132 EAST 72ND STREET**

City **NEW YORK** State **NY** Zip Code **10021-4267**

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

Name of Employer **ATLAS MERCHANT CAPITAL** Occupation **INVESTMENTS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5300.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : **SA11.3098928**

Amount of Each Receipt this Period
3300.00

CONTRIBUTION

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

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

3300.00

2016020200033418

**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 87 OF 516
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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.

Full Name (Last, First, Middle Initial) A. PATRICK DURKIN		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 132 EAST 72ND STREET		Transaction ID : SA11.3098928B
City NEW YORK	State NY	
Zip Code 10021-4267		Amount of Each Receipt this Period -2600.00 CONTRIBUTION
FEC ID number of contributing federal political committee C	Occupation INVESTMENTS	
Name of Employer ATLAS MERCHANT CAPITAL	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] REDESIGNATION TO GENERAL
Occupation INVESTMENTS	Election Cycle-to-Date 5300.00	

Full Name (Last, First, Middle Initial) B. PATRICK DURKIN		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 132 EAST 72ND STREET		Transaction ID : SA11.3099620
City NEW YORK	State NY	
Zip Code 10021-4267		Amount of Each Receipt this Period 2600.00 CONTRIBUTION
FEC ID number of contributing federal political committee C	Occupation INVESTMENTS	
Name of Employer ATLAS MERCHANT CAPITAL	Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Occupation INVESTMENTS	Election Cycle-to-Date 5300.00	

Full Name (Last, First, Middle Initial) C. MR. TODD A. EARDENSOHN		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 612 A. STREET NE		Transaction ID : SA11.3097712
City WASHINGTON	State DC	
Zip Code 20002-6030		Amount of Each Receipt this Period 2000.00 CONTRIBUTION
FEC ID number of contributing federal political committee C	Occupation C.F.O.	
Name of Employer BARBOUR GRIFFITH & ROGERS HOLDING	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
Occupation C.F.O.	Election Cycle-to-Date 3000.00	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033419

**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 88 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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. TODD A. EARDENSOHN

Mailing Address **612 A. STREET NE**

City **WASHINGTON** State **DC** Zip Code **20002-6030**

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

Name of Employer **BARBOUR GRIFFITH & ROGERS HOLDING** Occupation **C.F.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **10 / 19 / 2015**

Transaction ID : **SA11.3097712B**

Amount of Each Receipt this Period
-300.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. TODD A. EARDENSOHN

Mailing Address **612 A. STREET NE**

City **WASHINGTON** State **DC** Zip Code **20002-6030**

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

Name of Employer **BARBOUR GRIFFITH & ROGERS HOLDING** Occupation **C.F.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **10 / 19 / 2015**

Transaction ID : **SA11.3097923**

Amount of Each Receipt this Period
300.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. DAVID EATON

Mailing Address **4949 E. LINCOLN DR., VILLA 2**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-4108**

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

Name of Employer **JDM PARTNERS, LLC** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : **SA11.3099139**

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

2016020200033420

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
MR. DAVID EATON

Mailing Address **4949 E. LINCOLN DR., VILLA 2**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-4108**

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

Name of Employer **JDM PARTNERS, LLC** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : **SA11.3099139B**

Amount of Each Receipt this Period
-1000.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. DAVID EATON

Mailing Address **4949 E. LINCOLN DR., VILLA 2**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-4108**

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

Name of Employer **JDM PARTNERS, LLC** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : **SA11.3099515**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MRS. BARBARA B. EBERT

Mailing Address **1 CHRISTINA**

City **WAYLAND** State **MA** Zip Code **01778-3919**

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

Name of Employer **HARVARD UNIVERSITY** Occupation **RETIRED UNIVERSITY ADMINISTRATOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3098292**

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

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

50.00

2016020200033421

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

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

FOR LINE NUMBER: PAGE 90 OF 516
(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"/>	

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

A. Full Name (Last, First, Middle Initial)
MR. ROBERT M. EGAN

Mailing Address **8306 E. CHAMPIONS COURT**

City **WICHITA** State **KS** Zip Code **67226-3327**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **275.00**

Date of Receipt: **12 / 03 / 2015**
Transaction ID : **SA11.3099026**

Amount of Each Receipt this Period: **25.00**
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT M. EGAN

Mailing Address **8306 E. CHAMPIONS COURT**

City **WICHITA** State **KS** Zip Code **67226-3327**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **275.00**

Date of Receipt: **12 / 18 / 2015**
Transaction ID : **SA11.3099265**

Amount of Each Receipt this Period: **250.00**
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWARD EISELE

Mailing Address **4434 E. CAMELBACK ROAD
UNIT 135**

City **PHOENIX** State **AZ** Zip Code **85018-2835**

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

Name of Employer **SOUTHWEST BAKING** Occupation **FOOD PROCESSOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5200.00**

Date of Receipt: **09 / 24 / 2015**
Transaction ID : **SA11.3097068**

Amount of Each Receipt this Period: **2700.00**
CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional): **275.00**

TOTAL This Period (last page this line number only): **275.00**

2016020200033422

**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 91 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. MR. EDWARD EISELE		Date of Receipt MM / DD / YYYY 11 / 05 / 2015	
Mailing Address 4434 E. CAMELBACK ROAD UNIT 135		Transaction ID : SA11.3097068B	
City PHOENIX	State AZ	Zip Code 85018-2835	Amount of Each Receipt this Period -2500.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period -2500.00 CONTRIBUTION	
Name of Employer SOUTHWEST BAKING	Occupation FOOD PROCESSOR	[MEMO ITEM] REDESIGNATION TO GENERAL	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) B. MR. EDWARD EISELE		Date of Receipt MM / DD / YYYY 11 / 05 / 2015	
Mailing Address 4434 E. CAMELBACK ROAD UNIT 135		Transaction ID : SA11.3098157	
City PHOENIX	State AZ	Zip Code 85018-2835	Amount of Each Receipt this Period 2500.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 2500.00 CONTRIBUTION	
Name of Employer SOUTHWEST BAKING	Occupation FOOD PROCESSOR	[MEMO ITEM] REDESIGNATION FROM PRIMARY	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) C. MR. KENNETH EISENBERG		Date of Receipt MM / DD / YYYY 11 / 17 / 2015	
Mailing Address 8223 W. WARREN AVENUE		Transaction ID : SA11.3098547	
City DEARBORN	State MI	Zip Code 48126-1615	Amount of Each Receipt this Period 5400.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 5400.00 CONTRIBUTION	
Name of Employer KENWAL STEEL CORPORATION	Occupation PRESIDENT & C.E.O.	[MEMO ITEM] REDESIGNATION FROM PRIMARY	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	5400.00

2016020200033423

**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 92 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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. KENNETH EISENBERG		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 8223 W. WARREN AVENUE		Transaction ID : SA11.3098547B
City DEARBORN	State MI Zip Code 48126-1615	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period -2700.00	CONTRIBUTION [MEMO ITEM] REDESIGNATION TO GENERAL
Name of Employer KENWAL STEEL CORPORATION	Occupation PRESIDENT & C.E.O.	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MR. KENNETH EISENBERG		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 8223 W. WARREN AVENUE		Transaction ID : SA11.3098704
City DEARBORN	State MI Zip Code 48126-1615	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 2700.00	CONTRIBUTION [MEMO ITEM] REDESIGNATION FROM PRIMARY
Name of Employer KENWAL STEEL CORPORATION	Occupation PRESIDENT & C.E.O.	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

C. Full Name (Last, First, Middle Initial) MR. LEWIS M. EISENBERG		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 12 E. 49TH STREET, 41ST FLOOR		Transaction ID : SA11.3099594
City NEW YORK	State NY Zip Code 10017-8298	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 2500.00	CONTRIBUTION
Name of Employer IRONHILL INVESTMENTS LLC	Occupation INVESTMENTS	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5100.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

2016020200033424

**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 93 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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. LEWIS M. EISENBERG

Mailing Address **12 E. 49TH STREET, 41ST FLOOR**

City **NEW YORK** State **NY** Zip Code **10017-8298**

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

Name of Employer **IRONHILL INVESTMENTS LLC** Occupation **INVESTMENTS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11.3099594B

Amount of Each Receipt this Period
-2400.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
MR. LEWIS M. EISENBERG

Mailing Address **12 E. 49TH STREET, 41ST FLOOR**

City **NEW YORK** State **NY** Zip Code **10017-8298**

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

Name of Employer **IRONHILL INVESTMENTS LLC** Occupation **INVESTMENTS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11.3099600

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address **2608 WEST 20TH PLACE**

City **YUMA** State **AZ** Zip Code **85364-6005**

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 **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2015

Transaction ID : SA11.3098817

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

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

50.00

2016020200033425

**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 94 OF 516
	<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)
MR. TIMOTHY V. EISENMANN

Mailing Address **2608 WEST 20TH PLACE**

City **YUMA** State **AZ** Zip Code **85364-6005**

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: **350.00**

Date of Receipt: **12 / 23 / 2015**

Transaction ID : **SA11.3099474**

Amount of Each Receipt this Period: **25.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KIRWAN M. ELMERS

Mailing Address **1894 LAKE SHORE DRIVE**

City **COLUMBUS** State **OH** Zip Code **43204-4962**

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

Name of Employer **CUSTOM COACH CORPORATION** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **300.00**

Date of Receipt: **11 / 18 / 2015**

Transaction ID : **SA11.3098660**

Amount of Each Receipt this Period: **100.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROGER A. ENRICO

Mailing Address **500 CRESCENT COURT SUITE250**

City **DALLAS** State **TX** Zip Code **75201-6995**

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: **5400.00**

Date of Receipt: **09 / 30 / 2015**

Transaction ID : **SA11.3097500**

Amount of Each Receipt this Period: **200.00**

CONTRIBUTION

[MEMO ITEM]

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

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

Amount of Each Receipt this Period: **125.00**

2016020200033426

**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 95 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. ROGER A. ENRICO		Date of Receipt MM / DD / YYYY 11 / 05 / 2015
Mailing Address 500 CRESCENT COURT SUITE250		Transaction ID : SA11.A3097500
City DALLAS State TX Zip Code 75201-6995	FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period -200.00 CONTRIBUTION
Name of Employer RETIRED Occupation RETIRED	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] REATTRIBUTION TO SPOUSE
Election Cycle-to-Date 5400.00		

B. Full Name (Last, First, Middle Initial) MRS. ROSEMARY ENRICO		Date of Receipt MM / DD / YYYY 11 / 05 / 2015
Mailing Address 3831 TURTLE CREEK BLVD, APT. 23B		Transaction ID : SA11.B3098172
City DALLAS State TX Zip Code 75219-4480	FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 200.00 CONTRIBUTION
Name of Employer HOMEMAKER Occupation HOMEMAKER	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] REATTRIBUTION FROM SPOUSE
Election Cycle-to-Date 5400.00		

C. Full Name (Last, First, Middle Initial) MR. ROGER A. ENRICO		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 500 CRESCENT COURT SUITE250		Transaction ID : SA11.3097501
City DALLAS State TX Zip Code 75201-6995	FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 200.00 CONTRIBUTION
Name of Employer RETIRED Occupation RETIRED	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
Election Cycle-to-Date 5400.00		

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033427

**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 96 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. ROGER A. ENRICO

Mailing Address **500 CRESCENT COURT SUITE250**

City **DALLAS** State **TX** Zip Code **75201-6995**

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 **5400.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : **SA11.3097501B**

Amount of Each Receipt this Period
-100.00
 CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. ROGER A. ENRICO

Mailing Address **500 CRESCENT COURT SUITE250**

City **DALLAS** State **TX** Zip Code **75201-6995**

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 **5400.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : **SA11.3098174**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MRS. ROSEMARY ENRICO

Mailing Address **3831 TURTLE CREEK BLVD, APT. 23B**

City **DALLAS** State **TX** Zip Code **75219-4480**

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 **5400.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : **SA11.3098172**

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

[MEMO ITEM]

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

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

0.00

201602020200033428

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 97 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MRS. ROSEMARY ENRICO		Date of Receipt MM / DD / YYYY 11 / 05 / 2015
Mailing Address 3831 TURTLE CREEK BLVD, APT. 23B		Transaction ID : SA11.3098172B
City DALLAS	State TX Zip Code 75219-4480	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period -100.00 CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) MRS. ROSEMARY ENRICO		Date of Receipt MM / DD / YYYY 11 / 05 / 2015
Mailing Address 3831 TURTLE CREEK BLVD, APT. 23B		Transaction ID : SA11.3098176
City DALLAS	State TX Zip Code 75219-4480	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) MRS. CANTEY M. ERGEN		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address P.O. BOX 815		Transaction ID : SA11.3099588
City LITTLETON	State CO Zip Code 80160-0815	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 5400.00 CONTRIBUTION
Name of Employer DISH NETWORK	Occupation MANAGER	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	

2016020200033429

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 98 OF 516
	<input checked="" 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 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. CANTEY M. ERGEN		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address P.O. BOX 815		Transaction ID : SA11.3099588B
City LITTLETON	State Zip Code CO 80160-0815	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period -2700.00
Name of Employer DISH NETWORK	Occupation MANAGER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial) MRS. CANTEY M. ERGEN		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address P.O. BOX 815		Transaction ID : SA11.3099631
City LITTLETON	State Zip Code CO 80160-0815	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 2700.00
Name of Employer DISH NETWORK	Occupation MANAGER	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial) MR. CHARLES W. ERGEN		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address P.O. BOX 815		Transaction ID : SA11.3099591
City LITTLETON	State Zip Code CO 80160-0815	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 5400.00
Name of Employer DISH NETWORK	Occupation CEO	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	

201602020200033430

**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 99 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. CHARLES W. ERGEN

Mailing Address **P.O. BOX 815**

City **LITTLETON** State **CO** Zip Code **80160-0815**

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

Name of Employer **DISH NETWORK** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
12 / 31 / 2015

Transaction ID : SA11.3099591B

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. CHARLES W. ERGEN

Mailing Address **P.O. BOX 815**

City **LITTLETON** State **CO** Zip Code **80160-0815**

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

Name of Employer **DISH NETWORK** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
12 / 31 / 2015

Transaction ID : SA11.3099633

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER F. ERSKINE

Mailing Address **12828 N. WOODLAND TRAIL**

City **PARKER** State **CO** Zip Code **80138-8256**

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
210.00

Date of Receipt
11 / 10 / 2015

Transaction ID : SA11.3098393

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

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

50.00

2016020200033431

**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 100 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. BRUCE I. ETTELSON		Date of Receipt MM / DD / YYYY 11 / 10 / 2015
Mailing Address 125 BEACH ROAD		Transaction ID : SA11.3098390
City GLENCOE	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer KIRKLAND & ELLIS	Occupation ATTORNEY	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) MR. WILLIAM R. EWING		Date of Receipt MM / DD / YYYY 10 / 13 / 2015
Mailing Address 1066 E. WALTANN LANE		Transaction ID : SA11.3097834
City PHOENIX	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HURLEY TRANSPORTATION COMPANIES	Occupation CEO	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

C. Full Name (Last, First, Middle Initial) MR. P.F.N. FANNING		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address P.O. BOX 607		Transaction ID : SA11.3098672
City UNIONVILLE	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SELF-EMPLOYED	Occupation HORSE BREEDER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

2016020200033432

**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 101 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MR. P.F.N. FANNING		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015	
Mailing Address P.O. BOX 607		Transaction ID : SA11.3099534	
City UNIONVILLE	State PA	Zip Code 19375-0607	Amount of Each Receipt this Period CONTRIBUTION 100.00
FEC ID number of contributing federal political committee C			
Name of Employer SELF-EMPLOYED	Occupation HORSE BREEDER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) MR. JOSEPH E. FARRELL JR.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 1512 SE 11 ST		Transaction ID : SA11.3099823	
City FT. LAUDERDALE	State FL	Zip Code 33316-1442	Amount of Each Receipt this Period CONTRIBUTION 1000.00
FEC ID number of contributing federal political committee C			
Name of Employer RESOLVE MARINE GROUP	Occupation SHIP SALVAGE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) MR. MATTHEW P. FEENEY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 6525 N. CENTRAL AVE.		Transaction ID : SA11.3097271	
City PHOENIX	State AZ	Zip Code 85012-1139	Amount of Each Receipt this Period CONTRIBUTION 300.00 (MEMO ITEM)
FEC ID number of contributing federal political committee C			
Name of Employer SNELL & WILMER, L.L.P.	Occupation PARTNER, ATTORNEY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6400.00		

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

2016020200033433

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

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

FOR LINE NUMBER: PAGE 102 OF 516
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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. MATTHEW P. FEENEY

Mailing Address **6525 N. CENTRAL AVE.**

City **PHOENIX** State **AZ** Zip Code **85012-1139**

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

Name of Employer **SNELL & WILMER, L.L.P.** Occupation **PARTNER, ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **6400.00**

Date of Receipt
10 / 19 / 2015

Transaction ID : **SA11.3097271B**

Amount of Each Receipt this Period
-200.00
 CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. MATTHEW P. FEENEY

Mailing Address **6525 N. CENTRAL AVE.**

City **PHOENIX** State **AZ** Zip Code **85012-1139**

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

Name of Employer **SNELL & WILMER, L.L.P.** Occupation **PARTNER, ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **6400.00**

Date of Receipt
10 / 19 / 2015

Transaction ID : **SA11.3097933**

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. MATTHEW P. FEENEY

Mailing Address **6525 N. CENTRAL AVE.**

City **PHOENIX** State **AZ** Zip Code **85012-1139**

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

Name of Employer **SNELL & WILMER, L.L.P.** Occupation **PARTNER, ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **6400.00**

Date of Receipt
12 / 07 / 2015

Transaction ID : **SA11.3099091**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED

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

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

1000.00

2016020200033434

**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 103 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
DR. AARON E. FELDMAN

Mailing Address **179 GLEN RD.**

City **MORELAND HILLS** State **OH** Zip Code **44022-2403**

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

Name of Employer: **RETIRED** Occupation: **CARDIOLOGIST-RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **350.00**

Date of Receipt: **11 / 03 / 2015**

Transaction ID : **SA11.3098294**

Amount of Each Receipt this Period: **50.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. AARON E. FELDMAN

Mailing Address **179 GLEN RD.**

City **MORELAND HILLS** State **OH** Zip Code **44022-2403**

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

Name of Employer: **RETIRED** Occupation: **CARDIOLOGIST-RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **350.00**

Date of Receipt: **11 / 13 / 2015**

Transaction ID : **SA11.3098478**

Amount of Each Receipt this Period: **50.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES P. FERGUSON

Mailing Address **911 SAINT ANDREWS CIRCLE**

City **SPRINGFIELD** State **MO** Zip Code **65809-1507**

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

Name of Employer: **HEART OF AMERICA BEVERAGE COMPANY** Occupation: **BEER WHOLESALER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **300.00**

Date of Receipt: **12 / 28 / 2015**

Transaction ID : **SA11.3099556**

Amount of Each Receipt this Period: **100.00**

CONTRIBUTION

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

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

200.00

2016020200033435

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

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

FOR LINE NUMBER: PAGE 104 OF 516
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MRS. JOYCE FERN

Mailing Address **668 MEADOW CANYON DRIVE**

City **PITTSBURG** State **CA** Zip Code **94565-2495**

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 **318.00**

Date of Receipt
11 / 25 / 2015

Transaction ID : **SA11.3098816**

Amount of Each Receipt this Period
80.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JOYCE FERN

Mailing Address **668 MEADOW CANYON DRIVE**

City **PITTSBURG** State **CA** Zip Code **94565-2495**

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 **318.00**

Date of Receipt
12 / 23 / 2015

Transaction ID : **SA11.3099472**

Amount of Each Receipt this Period
80.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CAPT. JAMES EDWIN FERNANDES USN (RET.)

Mailing Address **33 DIABLO CIRCLE**

City **LAFAYETTE** State **CA** Zip Code **94549-3341**

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 **660.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : **SA11.3098860**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

260.00

2016020200033436

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

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

FOR LINE NUMBER: PAGE 105 OF 516
(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)
MR. A. GARY FIEGER

Mailing Address **117 E. 72ND ST.
FLOOR 7**

City **NEW YORK** State **NY** Zip Code **10021-4249**

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

Name of Employer **FIEGER INTERNATIONAL** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
11 / 10 / 2015

Transaction ID : **SA11.3098377**

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. A. GARY FIEGER

Mailing Address **117 E. 72ND ST.
FLOOR 7**

City **NEW YORK** State **NY** Zip Code **10021-4249**

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

Name of Employer **FIEGER INTERNATIONAL** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
11 / 10 / 2015

Transaction ID : **SA11.3098377B**

Amount of Each Receipt this Period
-800.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
MR. A. GARY FIEGER

Mailing Address **117 E. 72ND ST.
FLOOR 7**

City **NEW YORK** State **NY** Zip Code **10021-4249**

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

Name of Employer **FIEGER INTERNATIONAL** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
11 / 10 / 2015

Transaction ID : **SA11.3098417**

Amount of Each Receipt this Period
800.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

1500.00

2016020200033437

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 106 OF 516
	(check only one)	
	<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) DANTE FIERROS		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address 2422 E. GLASS LANE		Transaction ID : SA11.3099410
City PHOENIX	State AZ	
Zip Code 85042-5950		Amount of Each Receipt this Period CONTRIBUTION 250.00
FEC ID number of contributing federal political committee C		
Name of Employer NICHOLS PRECISION	Occupation MANUFACTURING	CONTRIBUTION 350.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

B. Full Name (Last, First, Middle Initial) DANTE FIERROS		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 2422 E. GLASS LANE		Transaction ID : SA11.3099710
City PHOENIX	State AZ	
Zip Code 85042-5950		Amount of Each Receipt this Period CONTRIBUTION 100.00
FEC ID number of contributing federal political committee C		
Name of Employer NICHOLS PRECISION	Occupation MANUFACTURING	CONTRIBUTION 350.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

C. Full Name (Last, First, Middle Initial) MR. DAN FIREMAN		Date of Receipt MM / DD / YYYY 09 / 23 / 2015
Mailing Address 27 APPIAN DRIVE		Transaction ID : SA11.3097035
City WELLESLEY	State MA	
Zip Code 02481-1308		Amount of Each Receipt this Period CONTRIBUTION 5000.00
FEC ID number of contributing federal political committee C		
Name of Employer FIREMAN CAPITAL PARTNERS	Occupation FINANCE	[MEMO ITEM] 5000.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

2016020200033438

**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 107 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. DAN FIREMAN		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 27 APPIAN DRIVE		Transaction ID : SA11.3097035B
City WELLESLEY	State MA	
Zip Code 02481-1308		Amount of Each Receipt this Period -2300.00
FEC ID number of contributing federal political committee C		CONTRIBUTION
Name of Employer FIREMAN CAPITAL PARTNERS	Occupation FINANCE	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

B. Full Name (Last, First, Middle Initial) MR. DAN FIREMAN		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 27 APPIAN DRIVE		Transaction ID : SA11.3097918
City WELLESLEY	State MA	
Zip Code 02481-1308		Amount of Each Receipt this Period 2300.00
FEC ID number of contributing federal political committee C		CONTRIBUTION
Name of Employer FIREMAN CAPITAL PARTNERS	Occupation FINANCE	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

C. Full Name (Last, First, Middle Initial) MR. DAVID T. FISCHER		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 1795 MAPLELAWN DRIVE		Transaction ID : SA11.3098552
City TROY	State MI	
Zip Code 48084-4609		Amount of Each Receipt this Period 10800.00
FEC ID number of contributing federal political committee C		CONTRIBUTION
Name of Employer SUBURBAN COLLECTION	Occupation CHAIRMAN & CEO	SEE REATTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	10800.00
TOTAL This Period (last page this line number only).....	

2016020200033439

**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 108 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. DAVID T. FISCHER		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 1795 MAPLELAWN DRIVE		Transaction ID : SA11.3098552B
City TROY	State MI Zip Code 48084-4609	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period -5400.00 CONTRIBUTION
Name of Employer SUBURBAN COLLECTION	Occupation CHAIRMAN & CEO	[MEMO ITEM] REATTRIBUTION TO SPOUSE
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MR. DAVID T. FISCHER		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 1795 MAPLELAWN DRIVE		Transaction ID : SA11.3098557B
City TROY	State MI Zip Code 48084-4609	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period -2700.00 CONTRIBUTION
Name of Employer SUBURBAN COLLECTION	Occupation CHAIRMAN & CEO	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

C. Full Name (Last, First, Middle Initial) MR. DAVID T. FISCHER		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 1795 MAPLELAWN DRIVE		Transaction ID : SA11.3098706
City TROY	State MI Zip Code 48084-4609	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 2700.00 CONTRIBUTION
Name of Employer SUBURBAN COLLECTION	Occupation CHAIRMAN & CEO	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201602020200033440

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

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

FOR LINE NUMBER: PAGE 109 OF 516
(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)
MRS. JENNIFER M. FISCHER

Mailing Address **1795 MAPLELAWN DRIVE**

City **TROY** State **MI** Zip Code **48084-4609**

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 **5400.00**

Date of Receipt **11 / 17 / 2015**
Transaction ID : **SA11.3098553**

Amount of Each Receipt this Period
5400.00
CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
MR. JASON FISCHBECK

Mailing Address **2163 E. MALLORY ST.**

City **MESA** State **AZ** Zip Code **85213-1463**

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

Name of Employer **AUTOMATED ENVIRONMENT** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 18 / 2015**
Transaction ID : **SA11.3099264**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JENNIFER M. FISCHER

Mailing Address **1795 MAPLELAWN DRIVE**

City **TROY** State **MI** Zip Code **48084-4609**

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 **5400.00**

Date of Receipt **11 / 17 / 2015**
Transaction ID : **SA11.3098553B**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional)..... **250.00**

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

201602020003341

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 OF 516
(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)
MRS. JENNIFER M. FISCHER

Mailing Address **1795 MAPLELAWN DRIVE**

City **TROY** State **MI** Zip Code **48084-4609**

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 **5400.00**

Date of Receipt **11 / 17 / 2015**

Transaction ID : **SA11.3098708**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MRS. TANYA C. FISCHBECK

Mailing Address **2163 E. MALLORY ST.**

City **MESA** State **AZ** Zip Code **85213-1463**

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

Name of Employer **AUTOMATED ENVIRONMENT** Occupation **VICE-PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : **SA11.3099260**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. EILEEN M. FITZMAURICE

Mailing Address **6440 N. POMELO AVE.**

City **TUCSON** State **AZ** Zip Code **85704-4117**

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 **750.00**

Date of Receipt **12 / 21 / 2015**

Transaction ID : **SA11.3099307**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **750.00**

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

2016020200033442

**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 111 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. RYAN T. FLYNN		Date of Receipt MM / DD / YYYY 10 / 13 / 2015
Mailing Address 4230 E. MARIPOSA ST		Transaction ID : SA11.3097830
City PHOENIX	State AZ	
Zip Code 85018-2732		Amount of Each Receipt this Period 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer TCI LEASING	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) MR. GLENN FORGAN		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 6005 SATSUMA COVE		Transaction ID : SA11.3099824
City AUSTIN	State TX	
Zip Code 78759-7754		Amount of Each Receipt this Period 25.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer BO'NESS BIRD SHOPS, LLC	Occupation SMALL BUSINESS OWNER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

C. Full Name (Last, First, Middle Initial) MR. ROBERT S. FORNEY III		Date of Receipt MM / DD / YYYY 10 / 20 / 2015
Mailing Address 16969 MESAMINT STREET		Transaction ID : SA11.3098005
City SAN DIEGO	State CA	
Zip Code 92127-2407		Amount of Each Receipt this Period 2700.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer GENERAL ATOMICS	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	2975.00
TOTAL This Period (last page this line number only).....	

2016020200033443

**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 112 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. GORDON S. FOSS

Mailing Address **6408 SPRINGWELL PL**

City **POWELL** State **OH** Zip Code **43065-6027**

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
 MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SA11.3098350

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT W. FOSTER

Mailing Address **40028 N. LYTHAM WAY**

City **ANTHEM** State **AZ** Zip Code **85086-2923**

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

Name of Employer **CONTINENTAL** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SA11.3097859

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALAN I. FRANCO

Mailing Address **524 METAIRIE ROAD**

City **METAIRIE** State **LA** Zip Code **70005-4308**

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

Name of Employer **MAGNOLIA MARKETING, LLC** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4800.00**

Date of Receipt
 MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SA11.3097146

Amount of Each Receipt this Period
5000.00
 CONTRIBUTION

**[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED**

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

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

750.00

2016020200033444

**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 113 OF 516
	<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)
MR. ALAN I. FRANCO

Mailing Address **524 METAIRIE ROAD**

City **METAIRIE** State **LA** Zip Code **70005-4308**

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

Name of Employer **MAGNOLIA MARKETING, LLC** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4800.00**

Date of Receipt **11 / 16 / 2015**

Transaction ID : **SA11.B3098515**

Amount of Each Receipt this Period
-200.00
 CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
MRS. DIANE G. FRANCO

Mailing Address **524 METAIRIE ROAD**

City **METAIRIE** State **LA** Zip Code **70005-4308**

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

Name of Employer **N/A** Occupation **PROFESSIONAL VOLUNTEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **11 / 16 / 2015**

Transaction ID : **SA11.B3098514**

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. ALAN I. FRANCO

Mailing Address **524 METAIRIE ROAD**

City **METAIRIE** State **LA** Zip Code **70005-4308**

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

Name of Employer **MAGNOLIA MARKETING, LLC** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4800.00**

Date of Receipt **09 / 25 / 2015**

Transaction ID : **SA11.3098515**

Amount of Each Receipt this Period
4800.00
 CONTRIBUTION

[MEMO ITEM]

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

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

0.00

201602020200033445

**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 114 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. ALAN I. FRANCO		Date of Receipt MM / DD / YYYY 11 / 16 / 2015
Mailing Address 524 METAIRIE ROAD		Transaction ID : SA11.3098515B
City METAIRIE	State Zip Code LA 70005-4308	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -2100.00	CONTRIBUTION [MEMO ITEM] REDESIGNATION TO GENERAL
Name of Employer MAGNOLIA MARKETING, LLC	Occupation PARTNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4800.00	

B. Full Name (Last, First, Middle Initial) MR. ALAN I. FRANCO		Date of Receipt MM / DD / YYYY 11 / 16 / 2015
Mailing Address 524 METAIRIE ROAD		Transaction ID : SA11.3098517
City METAIRIE	State Zip Code LA 70005-4308	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2100.00	CONTRIBUTION [MEMO ITEM] REDESIGNATION FROM PRIMARY
Name of Employer MAGNOLIA MARKETING, LLC	Occupation PARTNER	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4800.00	

C. Full Name (Last, First, Middle Initial) MRS. ELIZABETH WRIGHT FRAZEE		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address 6313 EVERMAY DRIVE		Transaction ID : SA11.3099457
City MCCLEAN	State Zip Code VA 22101-2309	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	CONTRIBUTION
Name of Employer TWINLOGIC STRATEGIES	Occupation CONSULTANT/ATTORNEY	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

2016020200033446

**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 115 OF 516
	<input checked="" 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 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. JOYCE L. FRAZIER

Mailing Address **5161 VILLAGE 5**

City **CAMARILLO** State **CA** Zip Code **93012-6803**

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: **225.00**

Date of Receipt: **11 / 09 / 2015**

Transaction ID : **SA11.3098367**

Amount of Each Receipt this Period: **25.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JOYCE L. FRAZIER

Mailing Address **5161 VILLAGE 5**

City **CAMARILLO** State **CA** Zip Code **93012-6803**

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: **225.00**

Date of Receipt: **12 / 03 / 2015**

Transaction ID : **SA11.3099004**

Amount of Each Receipt this Period: **25.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MOIRA HASTINGS FULLER

Mailing Address **79 MAPLE RIDGE DRIVE**

City **WINTHROP** State **ME** Zip Code **04364-3427**

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: **600.00**

Date of Receipt: **12 / 21 / 2015**

Transaction ID : **SA11.3099315**

Amount of Each Receipt this Period: **100.00**

CONTRIBUTION

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

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

150.00

201602020200033447

**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 116 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

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

Mailing Address **16051 HIGHLAND VALLEY ROAD**

City **ESCONDIDO** State **CA** Zip Code **92025-3542**

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

Name of Employer **GENERAL ATOMICS** Occupation **BUSINESS MANAGEMENT DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **10 / 14 / 2015**

Transaction ID : SA11.3097876

Amount of Each Receipt this Period
300.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. F. MICHAEL GALLAGHER

Mailing Address **1312 CHESTWOOD COVE**

City **HEATHROW** State **FL** Zip Code **32746-5046**

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 **11 / 13 / 2015**

Transaction ID : SA11.3098492

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GREGORY W. GALLAGHER

Mailing Address **34 OBRIEN ROAD**

City **MARLBOROUGH** State **MA** Zip Code **01752-2791**

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 **225.00**

Date of Receipt **12 / 21 / 2015**

Transaction ID : SA11.3099441

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

500.00

2016020200033448

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

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

FOR LINE NUMBER: PAGE 117 OF 516
(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)
MR. ROBERT D. GASAWAY

Mailing Address **3243 CALLIE STILL RD**

City **LAWRENCEVILLE** State **GA** Zip Code **30045-8606**

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
12 / 31 / 2015

Transaction ID : SA11.3099715

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KIM LUCILLE GAY

Mailing Address **12001 WOODSIDE AVE APT 5**

City **LAKESIDE** State **CA** Zip Code **92040-2933**

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 **210.00**

Date of Receipt
11 / 03 / 2015

Transaction ID : SA11.3098279

Amount of Each Receipt this Period
30.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KIM LUCILLE GAY

Mailing Address **12001 WOODSIDE AVE APT 5**

City **LAKESIDE** State **CA** Zip Code **92040-2933**

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 **210.00**

Date of Receipt
12 / 03 / 2015

Transaction ID : SA11.3099048

Amount of Each Receipt this Period
30.00
CONTRIBUTION

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

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

310.00

2016020200033449

**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 118 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) KIM LUCILLE GAY		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 12001 WOODSIDE AVE APT 5		Transaction ID : SA11.3099581
City LAKESIDE	State CA	
Zip Code 92040-2933		Amount of Each Receipt this Period 120.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00	

B. Full Name (Last, First, Middle Initial) MRS. MARILYN V. GEARHART		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address P.O. BOX 427 11N DOUGLAS ROAD		Transaction ID : SA11.3099071
City WATERVILLE	State WA	
Zip Code 98858-0427		Amount of Each Receipt this Period 2000.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

C. Full Name (Last, First, Middle Initial) MS. SYDNEY J. GEIKLER		Date of Receipt MM / DD / YYYY 11 / 03 / 2015
Mailing Address 6063 W. MILLAY ST.		Transaction ID : SA11.3098311
City TUCSON	State AZ	
Zip Code 85743-8260		Amount of Each Receipt this Period 60.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer SELF-EMPLOYED	Occupation HOMEMAKER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 860.00	

SUBTOTAL of Receipts This Page (optional).....	2180.00
TOTAL This Period (last page this line number only).....	

2016020200033450

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

Use separate schedule(s) for each category of the Detailed Summary Page-	FOR LINE NUMBER:		PAGE 119 OF 516	
	(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. SYDNEY J. GEIKLER		Date of Receipt MM / DD / YYYY 12 / 03 / 2015
Mailing Address 6063 W. MILLAY ST.		Transaction ID : SA11.3098992
City TUCSON	State AZ	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 60.00
Name of Employer SELF-EMPLOYED	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 860.00	

B. Full Name (Last, First, Middle Initial) MS. SYDNEY J. GEIKLER		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address 6063 W. MILLAY ST.		Transaction ID : SA11.3099411
City TUCSON	State AZ	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 30.00
Name of Employer SELF-EMPLOYED	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 860.00	

C. Full Name (Last, First, Middle Initial) MS. SYDNEY J. GEIKLER		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 6063 W. MILLAY ST.		Transaction ID : SA11.3099694
City TUCSON	State AZ	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 50.00
Name of Employer SELF-EMPLOYED	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 860.00	

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

2016020200033451

**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 120 OF 516						
	<input checked="" 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

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

Full Name (Last, First, Middle Initial) BRUCE GELB		Date of Receipt MM / DD / YYYY 11 / 25 / 2015
Mailing Address 111 E 56TH ST		Transaction ID : SA11.3098833
City NEW YORK	State NY	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MR. NORMAN GELLER		Date of Receipt MM / DD / YYYY 11 / 10 / 2015
Mailing Address 800 N. MICHIGAN AVENUE		Transaction ID : SA11.3098408
City CHICAGO	State IL	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 500.00
Name of Employer GEM REALTY CAPITAL, INC.	Occupation MANAGING PARTNER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MRS. ZOAN GENTNER		Date of Receipt MM / DD / YYYY 11 / 03 / 2015
Mailing Address 520 WEST ARROYO AV.		Transaction ID : SA11.3098280
City AJO	State AZ	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 30.00
Name of Employer MINERALS RESEARCH & RECOVERY INC.	Occupation OFFICE MGR.	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00	

SUBTOTAL of Receipts This Page (optional).....	1530.00
TOTAL This Period (last page this line number only).....	

2016020200033452

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

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

FOR LINE NUMBER: PAGE 121 OF 516
(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)
MRS. ZOAN GENTNER

Mailing Address **520 WEST ARROYO AV.**

City **AJO** State **AZ** Zip Code **85321-2145**

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

Name of Employer **MINERALS RESEARCH & RECOVERY INC.** Occupation **OFFICE MGR.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt
12 / 03 / 2015

Transaction ID : **SA11.3098973**

Amount of Each Receipt this Period
20.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ZOAN GENTNER

Mailing Address **520 WEST ARROYO AV.**

City **AJO** State **AZ** Zip Code **85321-2145**

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

Name of Employer **MINERALS RESEARCH & RECOVERY INC.** Occupation **OFFICE MGR.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt
12 / 21 / 2015

Transaction ID : **SA11.3099400**

Amount of Each Receipt this Period
20.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DOUGLAS GESSNER

Mailing Address **300 N. LASALLE STREET**

City **CHICAGO** State **IL** Zip Code **60654-3406**

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

Name of Employer **KIRKLAND & ELLIS** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
11 / 10 / 2015

Transaction ID : **SA11.3098406**

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

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

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

1540.00

2016020200033453

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 122 OF 516
	<input checked="" 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 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. DAWN GILES		Date of Receipt MM / DD / YYYY 12 / 18 / 2015
Mailing Address 2625 N. 24TH STREET #14		Transaction ID : SA11.3099279
City MESA	State AZ	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 500.00
Name of Employer LAW OFFICE OF TOM GILES	Occupation PARALEGAL	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) MARK GILLESPIE		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address P.O. BOX 1877		Transaction ID : SA11.3099451
City COOLIDGE	State AZ	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation FARMER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) MR. PHILIP J. GIORSETTI		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 3305 N. HARRIS WAY		Transaction ID : SA11.3098618
City FLAGSTAFF	State AZ	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

2016020200033454

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 123 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
MRS. CONSTANCE B. GIRARD-DICARLO

Mailing Address **21 SANTO DOMINGO CIRCLE**

City SANTA FE	State NM	Zip Code 87506-8204
-------------------------	--------------------	-------------------------------

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: **5400.00**

Date of Receipt: **11 / 18 / 2015**

Transaction ID : **SA11.3098683**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMBASSADOR DAVID F. GIRARD-DICARLO

Mailing Address **21 SANTO DOMINGO CIRCLE**

City SANTA FE	State NM	Zip Code 87506-8204
-------------------------	--------------------	-------------------------------

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: **5400.00**

Date of Receipt: **11 / 18 / 2015**

Transaction ID : **SA11.3098682**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

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

Mailing Address **125 BROAD STREET**

City NEW YORK	State NY	Zip Code 10004-2400
-------------------------	--------------------	-------------------------------

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

Name of Employer SULLIVAN & CROMWELL LLP	Occupation LAWYER
--	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **2700.00**

Date of Receipt: **12 / 07 / 2015**

Transaction ID : **SA11.3099106**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

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

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

8100.00

201602020200033455

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 124 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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.

Full Name (Last, First, Middle Initial) MR. RANDALL S. GLEIN		Date of Receipt MM / DD / YYYY 10 / 14 / 2015
Mailing Address 694 PANCHITA WAY		Transaction ID : SA11.3097893
City LOS ALTOS	State Zip Code CA 94022-1598	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00 CONTRIBUTION
Name of Employer DRAPER FISHER JURVETSON	Occupation VENTURE CAPITAL	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) MR. RANDALL S. GLEIN		Date of Receipt MM / DD / YYYY 10 / 14 / 2015
Mailing Address 694 PANCHITA WAY		Transaction ID : SA11.3097893B
City LOS ALTOS	State Zip Code CA 94022-1598	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2700.00 CONTRIBUTION
Name of Employer DRAPER FISHER JURVETSON	Occupation VENTURE CAPITAL	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) MR. RANDALL S. GLEIN		Date of Receipt MM / DD / YYYY 10 / 14 / 2015
Mailing Address 694 PANCHITA WAY		Transaction ID : SA11.3097898
City LOS ALTOS	State Zip Code CA 94022-1598	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00 CONTRIBUTION
Name of Employer DRAPER FISHER JURVETSON	Occupation VENTURE CAPITAL	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	

2016020200033456

**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 125 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) JACQUES GLICKSBERG		Date of Receipt MM / DD / YYYY 12 / 03 / 2015
Mailing Address 920 BALDWIN ROAD		Transaction ID : SA11.3098983
City HIGHLAND PARK	State Zip Code IL 60035-4714	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period CONTRIBUTION 500.00
Name of Employer NEXUS PARTNERS	Occupation MANAGING PARTNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MR. MICHAEL S. GOLDING		Date of Receipt MM / DD / YYYY 10 / 06 / 2015
Mailing Address 2400 S. FINLEY ROAD APARTMENT 271		Transaction ID : SA11.3097775
City LOMBARD	State Zip Code IL 60148-7023	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period CONTRIBUTION 75.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 435.00	

Full Name (Last, First, Middle Initial) MR. SCOTT GOLDSTEIN		Date of Receipt MM / DD / YYYY 11 / 10 / 2015
Mailing Address 1000 N. LAKE SHORE PLAZA		Transaction ID : SA11.3098401
City CHICAGO	State Zip Code IL 60611-2653	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period CONTRIBUTION 500.00
Name of Employer IN-LINE FINISHING SOLUTIONS, LLC	Occupation PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1075.00
TOTAL This Period (last page this line number only).....	

2016020200033457

**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 126 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. ANDREW GOODMAN		Date of Receipt 11 / 10 / 2015
Mailing Address 198 BEECH STREET		Transaction ID : SA11.3098413
City HIGHLAND PARK	State IL	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 500.00
Name of Employer THE WOLCOTT GROUP	Occupation REAL ESTATE	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) DR. BRIAN GOODMAN		Date of Receipt 12 / 18 / 2015
Mailing Address 4051 E. GARNET CIRCLE		Transaction ID : SA11.3099271
City MESA	State AZ	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 250.00
Name of Employer GOODMAN DENTAL CENTER	Occupation DENTIST	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) DR. BRIAN GOODMAN		Date of Receipt 12 / 18 / 2015
Mailing Address 4051 E. GARNET CIRCLE		Transaction ID : SA11.3099272
City MESA	State AZ	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 250.00
Name of Employer GOODMAN DENTAL CENTER	Occupation DENTIST	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

2016020200033458

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

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

FOR LINE NUMBER: PAGE 127 OF 516
(check only one)
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 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)
MR. GARY J. GOODMAN

Mailing Address **6221 E. SAGE DRIVE**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-6962**

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

Name of Employer **BERMUDA WATER COMPANY INC.** Occupation **EXECUTIVE**

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
11 / 13 / 2015

Transaction ID : **SA11.3098473**

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LESLIE F. GOODMAN JR.

Mailing Address **7314 SUMMERFIELD MANOR LN.**

City **SAINT LOUIS** State **MO** Zip Code **63129-5738**

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 **2087.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : **SA11.3099560**

Amount of Each Receipt this Period
187.00
 CONTRIBUTION

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

Mailing Address **155 N. WACKER DRIVE SUITE 4250**

City **CHICAGO** State **IL** Zip Code **60606-1750**

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 **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : **SA11.3099354**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1387.00

2016020200033459

**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 128 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) LT. COL. DARWIN B. GOSSMAN JR., (RET.)		Date of Receipt MM / DD / YYYY 12 / 29 / 2015
Mailing Address 31689 CIENEGA SPRINGS ROAD #4		Transaction ID : SA11.3099563
City PARKER	State AZ	Zip Code 85344-8847
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) MR. ANTONIO J. GRACIAS		Date of Receipt MM / DD / YYYY 11 / 10 / 2015
Mailing Address 875 N. MICHIGAN STE. 3214		Transaction ID : SA11.3098397
City CHICAGO	State IL	Zip Code 60611-1960
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 5400.00 CONTRIBUTION	
Name of Employer VALOR EQUITY PARTNERS	Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) MR. ANTONIO J. GRACIAS		Date of Receipt MM / DD / YYYY 11 / 10 / 2015
Mailing Address 875 N. MICHIGAN STE. 3214		Transaction ID : SA11.3098397B
City CHICAGO	State IL	Zip Code 60611-1960
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period -2700.00 CONTRIBUTION	
Name of Employer VALOR EQUITY PARTNERS	Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

2016020200033460

**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 129 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. ANTONIO J. GRACIAS		Date of Receipt MM / DD / YYYY 11 / 10 / 2015
Mailing Address 875 N. MICHIGAN STE. 3214		Transaction ID : SA11.3098429
City CHICAGO	State IL Zip Code 60611-1960	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 2700.00
Name of Employer VALOR EQUITY PARTNERS	Occupation CEO	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial) MR. WILLIAM JOHN GRAY		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 18 MEYER ROAD		Transaction ID : SA11.3097941
City SAN RAFAEL	State CA Zip Code 94901-5034	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 2700.00
Name of Employer CAPITAL GROUP	Occupation PORTFOLIO MANAGER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

C. Full Name (Last, First, Middle Initial) MR. MAURICE R. GREENBERG		Date of Receipt MM / DD / YYYY 10 / 27 / 2015
Mailing Address 399 PARK AVENUE FLOOR 17		Transaction ID : SA11.3098031
City NEW YORK	State NY Zip Code 10022-4614	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 200.00
Name of Employer STARR COMPANIES	Occupation CHAIRMAN	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	2900.00
TOTAL This Period (last page this line number only).....	

2016020200033461

**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 130 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MR. MAURICE R. GREENBERG		Date of Receipt M M M / D D D / Y Y Y Y 10 / 27 / 2015	
Mailing Address 399 PARK AVENUE FLOOR 17		Transaction ID : SA11.3098031B	
City NEW YORK	State NY	Zip Code 10022-4614	Amount of Each Receipt this Period -100.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		Election Cycle-to-Date 5400.00	
Name of Employer STARR COMPANIES	Occupation CHAIRMAN		[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) MR. MAURICE R. GREENBERG		Date of Receipt M M M / D D D / Y Y Y Y 10 / 27 / 2015	
Mailing Address 399 PARK AVENUE FLOOR 17		Transaction ID : SA11.3098168	
City NEW YORK	State NY	Zip Code 10022-4614	Amount of Each Receipt this Period 100.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		Election Cycle-to-Date 5400.00	
Name of Employer STARR COMPANIES	Occupation CHAIRMAN		[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) MR. JOHN M. GROLL		Date of Receipt M M M / D D D / Y Y Y Y 11 / 03 / 2015	
Mailing Address P.O. BOX 233		Transaction ID : SA11.3098248	
City BLUE MOUNTAIN LAKE	State NY	Zip Code 12812-0233	Amount of Each Receipt this Period 25.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		Election Cycle-to-Date 210.00	
Name of Employer RETIRED	Occupation RETIRED		[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00		

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	25.00

2016020200033462

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

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

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(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)
MR. JAMES I. HAAG

Mailing Address **41416 N LAUREL VALLEY WAY**

City **ANTHEM** State **AZ** Zip Code **85086-1280**

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 **525.00**

Date of Receipt **12 / 03 / 2015**

Transaction ID : **SA11.3099006**

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. KEITH HAAR M.D.

Mailing Address **7964 W. EXPEDITION WAY**

City **PEORIA** State **AZ** Zip Code **85383-1615**

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

Name of Employer **ARROWHEAD DERMATOLOGY PC** Occupation **MD-DERMATOLOGIST/MOHS SURGEON**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099713**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address **135 SAINT PAULS AVENUE**

City **STATEN ISLAND** State **NY** Zip Code **10301-3232**

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

Name of Employer **ANTHOLOGY FILM ARCHIVES** Occupation **DIRECTOR OF COLLECTIONS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **213.00**

Date of Receipt **11 / 16 / 2015**

Transaction ID : **SA11.3098526**

Amount of Each Receipt this Period
40.00

CONTRIBUTION

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

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

165.00

2016020200033463

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 132 OF 516	
	(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	

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

A. Full Name (Last, First, Middle Initial) MR. HUGH L. HALLMAN		Date of Receipt 12 / 07 / 2015
Mailing Address 2011 N. CAMPO ALEGRE DRIVE		Transaction ID : SA11.3099112
City TEMPE	State AZ	
Zip Code 85281-1101		Amount of Each Receipt this Period 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer ROSE LAW GROUP	Occupation DIRECTOR OF LITIGATION	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3100.00	

B. Full Name (Last, First, Middle Initial) MR. HUGH L. HALLMAN		Date of Receipt 12 / 31 / 2015
Mailing Address 2011 N. CAMPO ALEGRE DRIVE		Transaction ID : SA11.3099112B
City TEMPE	State AZ	
Zip Code 85281-1101		Amount of Each Receipt this Period -250.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer ROSE LAW GROUP	Occupation DIRECTOR OF LITIGATION	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3100.00	

C. Full Name (Last, First, Middle Initial) MR. HUGH L. HALLMAN		Date of Receipt 12 / 31 / 2015
Mailing Address 2011 N. CAMPO ALEGRE DRIVE		Transaction ID : SA11.3099623
City TEMPE	State AZ	
Zip Code 85281-1101		Amount of Each Receipt this Period 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer ROSE LAW GROUP	Occupation DIRECTOR OF LITIGATION	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3100.00	

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

2016020200033464

**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 133 OF 516	
	<input checked="" 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 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. CHERYL F. HALPERN		Date of Receipt MM / DD / YYYY 09 / 25 / 2015
Mailing Address 42 ROCKLEDGE DRIVE		Transaction ID : SA11.3097134
City LIVINGSTON	State NJ	
Zip Code 07039-1902	FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 2500.00
Name of Employer SELF-EMPLOYED	Occupation INVESTMENTS	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	[MEMO ITEM]

B. Full Name (Last, First, Middle Initial) MRS. CHERYL F. HALPERN		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 42 ROCKLEDGE DRIVE		Transaction ID : SA11.3097134B
City LIVINGSTON	State NJ	
Zip Code 07039-1902	FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period -800.00
Name of Employer SELF-EMPLOYED	Occupation INVESTMENTS	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	[MEMO ITEM] REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial) MRS. CHERYL F. HALPERN		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 42 ROCKLEDGE DRIVE		Transaction ID : SA11.3097912
City LIVINGSTON	State NJ	
Zip Code 07039-1902	FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 800.00
Name of Employer SELF-EMPLOYED	Occupation INVESTMENTS	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033465

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

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

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(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)
MRS. BARBARA HALVORSON

Mailing Address **5 CLUB VISTA DR**

City **HENDERSON** State **NV** Zip Code **89052-6602**

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 **5400.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : SA11.3098823B

Amount of Each Receipt this Period
-2700.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
MRS. BARBARA HALVORSON

Mailing Address **5 CLUB VISTA DR**

City **HENDERSON** State **NV** Zip Code **89052-6602**

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 **5400.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : SA11.3098828

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
MS. BRENDA E. HALVORSON

Mailing Address **1265 AIRPORT ROAD**

City **BOULDER CITY** State **NV** Zip Code **89005-3673**

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

Name of Employer **PAPILLON AIRWAYS, INC** Occupation **PRESIDENT/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4700.00**

Date of Receipt **09 / 04 / 2015**

Transaction ID : SA11.3097262

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

[MEMO ITEM]

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

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

0.00

2016020200033466

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 135 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MS. BRENDA E. HALVORSON		Date of Receipt MM / DD / YYYY 10 / 31 / 2015
Mailing Address 1265 AIRPORT ROAD		Transaction ID : SA11.3097262B
City BOULDER CITY	State Zip Code NV 89005-3673	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period -2000.00 CONTRIBUTION
Name of Employer PAPILLON AIRWAYS, INC	Occupation PRESIDENT/CEO	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4700.00	

Full Name (Last, First, Middle Initial) MS. BRENDA E. HALVORSON		Date of Receipt MM / DD / YYYY 10 / 31 / 2015
Mailing Address 1265 AIRPORT ROAD		Transaction ID : SA11.3098747
City BOULDER CITY	State Zip Code NV 89005-3673	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 2000.00 CONTRIBUTION
Name of Employer PAPILLON AIRWAYS, INC	Occupation PRESIDENT/CEO	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4700.00	

Full Name (Last, First, Middle Initial) MR. ELLING B. HALVORSON		Date of Receipt MM / DD / YYYY 09 / 10 / 2015
Mailing Address 5 CLUB VISTA DRIVE		Transaction ID : SA11.3096679
City HENDERSON	State Zip Code NV 89052-6602	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 10800.00 CONTRIBUTION
Name of Employer PAPILLON AIRWAYS	Occupation CHAIRMAN	[MEMO ITEM]
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033467

**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 136 OF 516
	<input checked="" 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 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. BARBARA HALVORSON

Mailing Address **5 CLUB VISTA DR**

City **HENDERSON** State **NV** Zip Code **89052-6602**

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
5400.00

Date of Receipt
11 / 05 / 2015

Transaction ID : SA11.B3098823

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
MR. ELLING B. HALVORSON

Mailing Address **5 CLUB VISTA DRIVE**

City **HENDERSON** State **NV** Zip Code **89052-6602**

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

Name of Employer **PAPILLON AIRWAYS** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
11 / 05 / 2015

Transaction ID : SA11.3098824B

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. ELLING B. HALVORSON

Mailing Address **5 CLUB VISTA DRIVE**

City **HENDERSON** State **NV** Zip Code **89052-6602**

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

Name of Employer **PAPILLON AIRWAYS** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
11 / 05 / 2015

Transaction ID : SA11.3098826

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

0.00

2016020200033468

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 137 OF 516	
	(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) MR. ELLING B. HALVORSON		Date of Receipt MM / DD / YYYY 11 / 05 / 2015
Mailing Address 5 CLUB VISTA DRIVE		Transaction ID : SA11.B3098824
City HENDERSON	State NV	
Zip Code 89052-6602		Amount of Each Receipt this Period -5400.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		[MEMO ITEM] REATTRIBUTION TO SPOUSE
Name of Employer PAPILLON AIRWAYS	Occupation CHAIRMAN	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) THERON HANCHEY		Date of Receipt MM / DD / YYYY 11 / 03 / 2015
Mailing Address 603 LAWRENCE DR.		Transaction ID : SA11.3098298
City HAUGHTON	State LA	
Zip Code 71037-7434		Amount of Each Receipt this Period 50.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		[MEMO ITEM] REATTRIBUTION TO SPOUSE
Name of Employer USAF	Occupation RETIRED USAF PILOT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00	

C. Full Name (Last, First, Middle Initial) MRS. RITA HANNAH		Date of Receipt MM / DD / YYYY 12 / 22 / 2015
Mailing Address 3202 E. ARROYO CHICO		Transaction ID : SA11.3099347
City TUCSON	State AZ	
Zip Code 85716-5811		Amount of Each Receipt this Period 25.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		[MEMO ITEM] REATTRIBUTION TO SPOUSE
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

201602020200033469

**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 138 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. THEODORE E. HANSON

Mailing Address **873 COUNTRY CLUB LANE**

City **NORTHBROOK** State **IL** Zip Code **60062-8603**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
12 / 30 / 2015

Transaction ID : **SA11.3099570**

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KYLE HARDING

Mailing Address **600 N. KINGSBURY STREET #1510**

City **CHICAGO** State **IL** Zip Code **60654-8124**

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

Name of Employer **DTZ COMMERCIAL** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
11 / 10 / 2015

Transaction ID : **SA11.3098414**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID S. HARKEY

Mailing Address **1031 N. POPLAR COURT**

City **CHANDLER** State **AZ** Zip Code **85226-1208**

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

Name of Employer **OWENS HARKEY ADVERTISING** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4700.00**

Date of Receipt
09 / 04 / 2015

Transaction ID : **SA11.3096544**

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

[MEMO ITEM]

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

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

450.00

201602020200033470

**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 139 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MR. DAVID S. HARKEY		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 1031 N. POPLAR COURT		Transaction ID : SA11.3096544B
City CHANDLER	State AZ	Zip Code 85226-1208
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period -2000.00 CONTRIBUTION	
Name of Employer OWENS HARKEY ADVERTISING	Occupation PRESIDENT	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4700.00	

Full Name (Last, First, Middle Initial) MR. DAVID S. HARKEY		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 1031 N. POPLAR COURT		Transaction ID : SA11.3097914
City CHANDLER	State AZ	Zip Code 85226-1208
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 2000.00 CONTRIBUTION	
Name of Employer OWENS HARKEY ADVERTISING	Occupation PRESIDENT	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4700.00	

Full Name (Last, First, Middle Initial) MR. RICHARD L. HARTMAN		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 2858 E WATFORD COURT		Transaction ID : SA11.3099760
City QUEEN CREEK	State AZ	Zip Code 85142-8422
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

2016020200033471

**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 140 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. THOMAS E. HARVEY		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 941 PARK AVENUE APT. 15C		Transaction ID : SA11.3099058
City NEW YORK	State NY	
Zip Code 10028-0318		Amount of Each Receipt this Period CONTRIBUTION 500.00
FEC ID number of contributing federal political committee C	Name of Employer RETIRED	CONTRIBUTION
Occupation RETIRED	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) MR. THOMAS HATCH		Date of Receipt MM / DD / YYYY 12 / 18 / 2015
Mailing Address 18114 N. 93RD PLACE		Transaction ID : SA11.3099274
City SCOTTSDALE	State AZ	
Zip Code 85255-6057		Amount of Each Receipt this Period CONTRIBUTION 1000.00
FEC ID number of contributing federal political committee C	Name of Employer FORUM CAPITAL	CONTRIBUTION
Occupation PROPERTY MANAGEMENT	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) MR. MICHAEL HAWMAN		Date of Receipt MM / DD / YYYY 10 / 20 / 2015
Mailing Address P.O. BOX 5000 PMB 188		Transaction ID : SA11.3098007
City RANCHO SANTA FE	State CA	
Zip Code 92067-5000		Amount of Each Receipt this Period CONTRIBUTION 750.00
FEC ID number of contributing federal political committee C	Name of Employer GENERAL ATOMICS	CONTRIBUTION
Occupation CIO	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 750.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

201602020200033472

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 141 OF 516	
	(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.

Full Name (Last, First, Middle Initial) JOHN HAZEL		Date of Receipt MM / DD / YYYY 12 / 31 / 2015	
Mailing Address 6254 HUNTLEY ROAD		Transaction ID : SA11.3099669	
City BROAD RUN	State VA	Zip Code 20137-1830	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED	Occupation BUSINESSMAN	CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) MR. THOMAS N. HAZEN		Date of Receipt MM / DD / YYYY 11 / 30 / 2015	
Mailing Address 20 BAYON DRIVE APARTMENT 130		Transaction ID : SA11.3098842	
City SOUTH HADLEY	State MA	Zip Code 01075-3340	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 1200.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1950.00		

Full Name (Last, First, Middle Initial) MR. ROBERT C. HECKMAN		Date of Receipt MM / DD / YYYY 09 / 30 / 2015	
Mailing Address 143 MARTIN LANE		Transaction ID : SA11.3097420	
City ALEXANDRIA	State VA	Zip Code 22304-7748	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 500.00	
Name of Employer CAPITAL CITY PARTNERS, LLC	Occupation CONSULTANT	CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	[MEMO ITEM]	

SUBTOTAL of Receipts This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	

201602020200033473

**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 142 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MR. ROBERT C. HECKMAN		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 143 MARTIN LANE		Transaction ID : SA11.3097420B
City ALEXANDRIA	State Zip Code VA 22304-7748	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period -300.00 CONTRIBUTION	[MEMO ITEM] REDESIGNATION TO GENERAL
Name of Employer CAPITAL CITY PARTNERS, LLC	Occupation CONSULTANT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) MR. ROBERT C. HECKMAN		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 143 MARTIN LANE		Transaction ID : SA11.3097929
City ALEXANDRIA	State Zip Code VA 22304-7748	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 300.00 CONTRIBUTION	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Name of Employer CAPITAL CITY PARTNERS, LLC	Occupation CONSULTANT	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) MR. ROBERT C. HECKMAN		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address 143 MARTIN LANE		Transaction ID : SA11.3099368
City ALEXANDRIA	State Zip Code VA 22304-7748	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer CAPITAL CITY PARTNERS, LLC	Occupation CONSULTANT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

2016020200033474

**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 143 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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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 LANE**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
12 / 21 / 2015

Transaction ID : **SA11.3099368B**

Amount of Each Receipt this Period
-500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address **143 MARTIN LANE**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
12 / 21 / 2015

Transaction ID : **SA11.3099640**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. ALBERT P. HEGYI

Mailing Address **795 HULLS FARM RD**

City **SOUTHPORT** State **CT** Zip Code **06890-1029**

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

Name of Employer **1ST FINANCIAL BANK USA** Occupation **BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
12 / 01 / 2015

Transaction ID : **SA11.3098903**

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

2016020200033475

**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 144 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. CHRIS HENRICKSEN		Date of Receipt MM / DD / YYYY 12 / 14 / 2015
Mailing Address 1055 S. 1675 WEST		Transaction ID : SA11.3099223
City OREM	State UT Zip Code 84058-2204	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Name of Employer HALOPRIME	Occupation SALES	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) MRS. GRACE DE H. HENRY		Date of Receipt MM / DD / YYYY 11 / 03 / 2015
Mailing Address 6555 GREEN SPARROW. LN.		Transaction ID : SA11.3098253
City N. LAS VEGAS	State NV Zip Code 89084-2235	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 25.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 550.00		

C. Full Name (Last, First, Middle Initial) DR. DAVID K. HILL		Date of Receipt MM / DD / YYYY 11 / 13 / 2015
Mailing Address 1112 FALCON CICLE		Transaction ID : SA11.3098459
City MAPLETON	State UT Zip Code 84664-4734	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Name of Employer DOTERRA INTERNATIONAL	Occupation DOCTOR	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2025.00
TOTAL This Period (last page this line number only).....	

2016020200033476

**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 145 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. PETER HIRSCH

Mailing Address **5 HALF MOON LANE**

City **SANDS POINT** State **NY** Zip Code **11050-1210**

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

Name of Employer **THE ROYAL BANK OF CANADA** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 MM / DD / YYYY
11 / 03 / 2015

Transaction ID : **SA11.3098362**

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. NEIL HIRSHMAN

Mailing Address **1531 WINDY HILL**

City **NORTHBROOK** State **IL** Zip Code **60062-3833**

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

Name of Employer **KIRKLAND & ELLIS** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 MM / DD / YYYY
11 / 10 / 2015

Transaction ID : **SA11.3098382**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVEN HITCHCOCK

Mailing Address **18382 W. SWEET ACACIA DRIVE**

City **GOODYEAR** State **AZ** Zip Code **85338-5293**

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

Name of Employer **DSL** Occupation **COO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 MM / DD / YYYY
10 / 13 / 2015

Transaction ID : **SA11.3097838**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

3000.00

2016020200033477

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 OF 516
(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)
MR. GEORGE J. HITTNER

Mailing Address **3765 E. DONALD DRIVE**

City **PHOENIX** State **AZ** Zip Code **85050-7369**

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

Name of Employer **AMERICAN TRAFFIC SOLUTIONS** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **10 / 27 / 2015**

Transaction ID : SA11.3098050

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TODD C. HIXON

Mailing Address **5530 E. CAMINO DEL CELADOR**

City **TUCSON** State **AZ** Zip Code **85750-1821**

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

Name of Employer **TUCSON ELECTRIC POWER** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **10 / 13 / 2015**

Transaction ID : SA11.3097851

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES M. HOKE

Mailing Address **5936 E. QUARTZ MOUNTAIN ROAD**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-3539**

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 **12 / 18 / 2015**

Transaction ID : SA11.3099287

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1750.00

2016020200033478

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

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

FOR LINE NUMBER: PAGE 147 OF 516
(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 W. HOPKINS

Mailing Address **3081 FERNCREST DRIVE**

City **YORKTOWN HEIGHTS** State **NY** Zip Code **10598-2435**

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

Name of Employer **SELF-EMPLOYED** Occupation **SPEECH LANGUAGE PATHOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
12 / 22 / 2015

Transaction ID : **SA11.3099339**

Amount of Each Receipt this Period
150.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GARY BRYAN HOPPER

Mailing Address **3406 MILITARY ROAD**

City **ARLINGTON** State **VA** Zip Code **22207-4143**

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

Name of Employer **GENERAL ATOMICS** Occupation **SALES/LOBBYIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
10 / 20 / 2015

Transaction ID : **SA11.3097975**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICK L. HORTON

Mailing Address **3944 E. LAUREL**

City **MESA** State **AZ** Zip Code **85215-2420**

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

Name of Employer **WEALTHPLAN ADVISOR** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
12 / 18 / 2015

Transaction ID : **SA11.3099293**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1400.00

2016020200033479

**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 148 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) RAMACHANDRA HOSMANE		Date of Receipt 12 / 31 / 2015
Mailing Address 30999 EDGEWATER DRIVE		Transaction ID : SA11.3099726
City LEWES	State DE	
Zip Code 19958-3826		Amount of Each Receipt this Period 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) MR. QUIM CHEE HOW		Date of Receipt 12 / 01 / 2015
Mailing Address 43906 W. CAREY DR.		Transaction ID : SA11.3098902
City MARICOPA	State AZ	
Zip Code 85138-1753		Amount of Each Receipt this Period 30.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 205.00	

C. Full Name (Last, First, Middle Initial) MR. NORMAN M. HOWE JR.		Date of Receipt 11 / 16 / 2015
Mailing Address P.O. BOX 1185		Transaction ID : SA11.3098531
City DUNNSVILLE	State VA	
Zip Code 22454-1185		Amount of Each Receipt this Period 50.00 CONTRIBUTION
FEC ID number of contributing federal political committee C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 230.00	

SUBTOTAL of Receipts This Page (optional).....	330.00
TOTAL This Period (last page this line number only).....	

2016020200033480

**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 149 OF 516	
	<input checked="" 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 type="checkbox"/> 15		

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

A. Full Name (Last, First, Middle Initial) MR. WALTER F. HUBBARD		Date of Receipt MM / DD / YYYY 12 / 22 / 2015
Mailing Address 2701 SOUTHAMPTON RD. 114B		Transaction ID : SA11.3099330
City PHILADELPHIA	State PA	
Zip Code 19154-1205		Amount of Each Receipt this Period CONTRIBUTION 25.00
FEC ID number of contributing federal political committee C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

B. Full Name (Last, First, Middle Initial) MR. FRANK L. HUERTA		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address 3001 BRAY ROAD		Transaction ID : SA11.3099323
City VIRGINIA BEACH	State VA	
Zip Code 23452-7107		Amount of Each Receipt this Period CONTRIBUTION 100.00
FEC ID number of contributing federal political committee C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00	

C. Full Name (Last, First, Middle Initial) MR. TIMOTHY R. HUGHES		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 6513 TUCKER AVENUE		Transaction ID : SA11.3099664
City MCLEAN	State VA	
Zip Code 22101-5268		Amount of Each Receipt this Period CONTRIBUTION 1500.00
FEC ID number of contributing federal political committee C		CONTRIBUTION
Name of Employer SPACE EXPLORATION TECHNOLOGIES CO	Occupation ATTORNEY	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional).....	1625.00
TOTAL This Period (last page this line number only).....	

2016020200033481

**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 150 OF 516
	<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)
MR. KARL N. HUISH

Mailing Address **4122 E. MCLELLAN RD. #15**

City **MESA** State **AZ** Zip Code **85205-3115**

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

Name of Employer **ARTEX** Occupation **RISK MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : **SA11.3099290**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
C. KATE HULL

Mailing Address **409 JACKSON PLACE**

City **ALEXANDRIA** State **VA** Zip Code **22302-3305**

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

Name of Employer **PIERCE GOVERNMENT RELATIONS** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099672**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES M. HULL

Mailing Address **1190 INTERSTATE PARKWAY**

City **AUGUSTA** State **GA** Zip Code **30909-6404**

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

Name of Employer **HULL PROPERTY GROUP** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **11 / 18 / 2015**

Transaction ID : **SA11.3098690**

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

2016020200033482

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

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

FOR LINE NUMBER: PAGE 151 OF 516
(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)
MRS. JO ANN R. HUNT

Mailing Address **7820 EUINRUDE AVENUE**
P.O. BOX 6706

City **NORTH PORT** State **FL** Zip Code **34291-6706**

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 **627.75**

Date of Receipt **11 / 17 / 2015**

Transaction ID : **SA11.3098562**

Amount of Each Receipt this Period
300.33
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COL. SENOUR HUNT USAF

Mailing Address **900 N. TAYLOR STREET APT. 1204**

City **ARLINGTON** State **VA** Zip Code **22203-1872**

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 **350.00**

Date of Receipt **11 / 19 / 2015**

Transaction ID : **SA11.3098722**

Amount of Each Receipt this Period
50.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RAYMOND P. HUOT

Mailing Address **1767 S SUNLIT SAND PL**

City **TUCSON** State **AZ** Zip Code **85748-7753**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3098313**

Amount of Each Receipt this Period
75.00
CONTRIBUTION

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

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

425.33

2016020200033483

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 152 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) MRS. ANDREA HUTCHINGS		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 4151 OLD TRACE RD		Transaction ID : SA11.3097951
City PALO ALTO	State Zip Code CA 94306-3728	
FEC ID number of contributing federal political committee.	<input type="checkbox"/> C	Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED PER BEST EFF.	Occupation INFORMATION REQUESTED PER BEST EFF.	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) MR. DAVID H. HUTCHENS		Date of Receipt MM / DD / YYYY 10 / 13 / 2015
Mailing Address 538 E. RUDASILL RD		Transaction ID : SA11.3097840
City TUCSON	State Zip Code AZ 85704-6031	
FEC ID number of contributing federal political committee.	<input type="checkbox"/> C	Amount of Each Receipt this Period 1000.00
Name of Employer TUCSON ELECTRIC POWER	Occupation CEO	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) MR. JARED L. HUTCHINGS		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 4151 OLD TRACE RD		Transaction ID : SA11.3097952
City PALO ALTO	State Zip Code CA 94306-3728	
FEC ID number of contributing federal political committee.	<input type="checkbox"/> C	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation INVESTOR	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

2016020200033484

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 153 OF 516
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
	<input type="checkbox"/> 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)
MR. KEITH M. INGRAM

A. Mailing Address **6094 E. CHOLLA DRIVE**

Date of Receipt
MM / DD / YYYY
12 / 07 / 2015

City State Zip Code
PARADISE VALLEY AZ 85253-3032

Transaction ID : **SA11.3099133**

FEC ID number of contributing federal political committee
C

Amount of Each Receipt this Period
500.00
CONTRIBUTION

Name of Employer Occupation
EL DORADO HOLDINGS, INC. CHAIRMAN

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

Full Name (Last, First, Middle Initial)
MR. DON G. ISAACSON

B. Mailing Address **501 W. GLENEAGLES DRIVE**

Date of Receipt
MM / DD / YYYY
12 / 07 / 2015

City State Zip Code
PHOENIX AZ 85023-5257

Transaction ID : **SA11.3099115**

FEC ID number of contributing federal political committee
C

Amount of Each Receipt this Period
500.00
CONTRIBUTION

Name of Employer Occupation
ISAACSON & DUFFY, P.C. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date
875.00

Full Name (Last, First, Middle Initial)
DR. FERESHTEH JARVANDI

C. Mailing Address **10236 BROOKMONT DR**

Date of Receipt
MM / DD / YYYY
11 / 30 / 2015

City State Zip Code
RICHMOND VA 23233-2763

Transaction ID : **SA11.3098889**

FEC ID number of contributing federal political committee
C

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

Name of Employer Occupation
SELF-EMPLOYED DENTIST

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date
2700.00

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

3700.00

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

2016020200033485

**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 154 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) ALEX JARVIS		Date of Receipt MM / DD / YYYY 11 / 03 / 2015
Mailing Address 1306 CLAIBORNE HOUSE CT		Transaction ID : SA11.3098363
City MCLEAN	State VA	
Zip Code 22101-2402		Amount of Each Receipt this Period CONTRIBUTION 3500.00
FEC ID number of contributing federal political committee C		
Name of Employer FIERCE GOVERNMENT RELATIONS	Occupation PARTNER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) ALEX JARVIS		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 1306 CLAIBORNE HOUSE CT		Transaction ID : SA11.3098363B
City MCLEAN	State VA	
Zip Code 22101-2402		Amount of Each Receipt this Period CONTRIBUTION -800.00
FEC ID number of contributing federal political committee C		
Name of Employer FIERCE GOVERNMENT RELATIONS	Occupation PARTNER	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) ALEX JARVIS		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 1306 CLAIBORNE HOUSE CT		Transaction ID : SA11.3099618
City MCLEAN	State VA	
Zip Code 22101-2402		Amount of Each Receipt this Period CONTRIBUTION 800.00
FEC ID number of contributing federal political committee C		
Name of Employer FIERCE GOVERNMENT RELATIONS	Occupation PARTNER	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

2016020200033486

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 155 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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)
DR. VICTOR J. JAWORSKY

Mailing Address **P.O. BOX 196**

City **ORANGEBURG** State **NY** Zip Code **10962-0196**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **280.00**

Date of Receipt
12 / 11 / 2015

Transaction ID : **SA11.3099202**

Amount of Each Receipt this Period
80.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAN JENSEN

Mailing Address **2509 CAMINITO MUIRFIELD**

City **LA JOLLA** State **CA** Zip Code **92037-5819**

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

Name of Employer **GENERAL ATOMICS** Occupation **DIRECTOR OF ENGINEERING**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
10 / 20 / 2015

Transaction ID : **SA11.3098006**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RUSSELL L. JOHNSON

Mailing Address **1810 AVENIDA DEL MUNDO, #503**

City **CORONADO** State **CA** Zip Code **92118-3009**

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 **910.00**

Date of Receipt
11 / 03 / 2015

Transaction ID : **SA11.3098346**

Amount of Each Receipt this Period
200.00

CONTRIBUTION

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

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

780.00

2016020200033487

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

Use separate schedules) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 156 OF 516
(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. RUSSELL L. JOHNSON

Mailing Address **1810 AVENIDA DEL MUNDO, #503**

City **CORONADO** State **CA** Zip Code **92118-3009**

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 **910.00**

Date of Receipt
12 / 03 / 2015

Transaction ID : **SA11.3098993**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RUSSELL L. JOHNSON

Mailing Address **1810 AVENIDA DEL MUNDO, #503**

City **CORONADO** State **CA** Zip Code **92118-3009**

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 **910.00**

Date of Receipt
12 / 31 / 2015

Transaction ID : **SA11.3099762**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVE T. JURVETSON

Mailing Address **2882 SAND HILL ROAD
STE. 150**

City **MENLO PARK** State **CA** Zip Code **94025-7057**

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

Name of Employer **DRAPER FISHER JURVETSON** Occupation **INVESTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
10 / 19 / 2015

Transaction ID : **SA11.3097949**

Amount of Each Receipt this Period
5400.00
 CONTRIBUTION

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

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

5600.00

2016020200033488

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 157 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
MR. STEVE T. JURVETSON

Mailing Address **2882 SAND HILL ROAD
STE. 150**

City **MENLO PARK** State **CA** Zip Code **94025-7057**

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

Name of Employer **DRAPER FISHER JURVETSON** Occupation **INVESTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
10 / 19 / 2015

Transaction ID : **SA11.3097949B**

Amount of Each Receipt this Period
-2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. STEVE T. JURVETSON

Mailing Address **2882 SAND HILL ROAD
STE. 150**

City **MENLO PARK** State **CA** Zip Code **94025-7057**

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

Name of Employer **DRAPER FISHER JURVETSON** Occupation **INVESTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
10 / 19 / 2015

Transaction ID : **SA11.3097961**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. ROBERT W. KAGAN

Mailing Address **1317 RANLEIGH ROAD**

City **MCLEAN** State **VA** Zip Code **22101-2425**

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

Name of Employer **BROOKINGS** Occupation **WRITER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
12 / 03 / 2015

Transaction ID : **SA11.3098953**

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

2016020200033489

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 158 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
MR. GEORGE KALIL

Mailing Address **446 N. CAMPBELL AVENUE #1304**

City **TUCSON** State **AZ** Zip Code **85719-5672**

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

Name of Employer **KALIL BOTTLING COMPANY** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt **11 / 18 / 2015**

Transaction ID : **SA11.3098647**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JONATHAN D. KAPROSY

Mailing Address **8018 W SAN MIGUEL AVE.**

City **GLENDALE** State **AZ** Zip Code **85303-5173**

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

Name of Employer **VERIDUS** Occupation **DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3098351**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PETER KARMANOS JR.

Mailing Address **233 PIERCE**

City **BIRMINGHAM** State **MI** Zip Code **48009-6044**

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

Name of Employer **CAROLINA HURRICANES** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 17 / 2015**

Transaction ID : **SA11.3098554**

Amount of Each Receipt this Period
5400.00
CONTRIBUTION

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

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

6900.00

2016020200033490

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

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

FOR LINE NUMBER: PAGE 159 OF 516
(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)
MR. PETER KARMANOS JR.

Mailing Address **233 PIERCE**

City **BIRMINGHAM** State **MI** Zip Code **48009-6044**

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

Name of Employer **CAROLINA HURRICANES** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 17 / 2015**

Transaction ID : **SA11.3098554B**

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. PETER KARMANOS JR.

Mailing Address **233 PIERCE**

City **BIRMINGHAM** State **MI** Zip Code **48009-6044**

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

Name of Employer **CAROLINA HURRICANES** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 17 / 2015**

Transaction ID : **SA11.3098710**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. TODD M. KAWAI

Mailing Address **590 36TH ST**

City **MANHATTAN BEACH** State **CA** Zip Code **90266-3410**

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

Name of Employer **GENERAL ATOMICS AERONAUTICAL SYSTEMS** Occupation **VP FINANCE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **10 / 21 / 2015**

Transaction ID : **SA11.3097991**

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

2016020200033491

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

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

FOR LINE NUMBER: PAGE 160 OF 516
(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)
MR. HARRIS L. KAY

Mailing Address **77 WEST WACKER DRIVE
STE. 3100**

City **CHICAGO** State **IL** Zip Code **60601-4904**

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

Name of Employer **GREENBERG, TRAUIG LLP** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : SA11.3098385

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. REBECCA ANN KEEVER-TAYLOR

Mailing Address **249 SAYRE LANE**

City **EVANS** State **WV** Zip Code **25241-8015**

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 **11 / 17 / 2015**

Transaction ID : SA11.3098602

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SHIRLEY A. KEISTLER

Mailing Address **15905 CRAMUR DRIVE**

City **HUNTERSVILLE** State **NC** Zip Code **28078-8943**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt **11 / 18 / 2015**

Transaction ID : SA11.3098640

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

700.00

201602020200033492

**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)

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

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

Full Name (Last, First, Middle Initial) MR. CHARLES T. KELLOGG		Date of Receipt MM / DD / YYYY 12 / 23 / 2015	
Mailing Address P.O. BOX 790		Transaction ID : SA11.3099478	
City WATERBURY	State CT	Zip Code 06720-0790	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 150.00	
Name of Employer HUBBARDHALL, INC.	Occupation BUSINESS EXECUTIVE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) MR. LIAM J. KELLY		Date of Receipt MM / DD / YYYY 10 / 14 / 2015	
Mailing Address P.O. BOX 5010, PMB 28		Transaction ID : SA11.3097892	
City RANCHO SANTA FE	State CA	Zip Code 92067-5010	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 1000.00	
Name of Employer GENERAL ATOMICS	Occupation ACCOUNTANT/C.F.O.		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) MR. MICHAEL P. KELLY		Date of Receipt MM / DD / YYYY 12 / 31 / 2015	
Mailing Address 7953 E WHISPER ROCK TRAIL		Transaction ID : SA11.3099766	
City SCOTTSDALE	State AZ	Zip Code 85266-1524	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
		CONTRIBUTION	

SUBTOTAL of Receipts This Page (optional).....	2150.00
TOTAL This Period (last page this line number only).....	

2016020200033493

**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 162 OF 516
	<input checked="" 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 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. PAMELA KELLY

Mailing Address **196 N CANYON VIEW DRIVE**

City **LOS ANGELES** State **CA** Zip Code **90049-2722**

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

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

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
12 / 31 / 2015

Transaction ID : **SA11.3099666**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM T. KELLY III

Mailing Address **4555 E. MAYO BLVD.
UNIT 2216**

City **PHOENIX** State **AZ** Zip Code **85050-6974**

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
 M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : **SA11.3099557**

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDWARD KENNEDY

Mailing Address **560 WARWICK ROAD**

City **HADDONFIELD** State **NJ** Zip Code **08033-3848**

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

Name of Employer **DORADO SYSTEMS** Occupation **HEALTHCARE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : **SA11.3097439**

Amount of Each Receipt this Period
5400.00
 CONTRIBUTION
[MEMO ITEM]

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

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

550.00

201602020200033494

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 163 OF 516	
	(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	

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

Full Name (Last, First, Middle Initial) EDWARD KENNEDY		Date of Receipt MM / DD / YYYY 10 / 19 / 2015	
Mailing Address 560 WARWICK ROAD		Transaction ID : SA11.3097439B	
City HADDONFIELD	State NJ	Zip Code 08033-3848	Amount of Each Receipt this Period -2700.00
FEC ID number of contributing federal political committee C	CONTRIBUTION		
Name of Employer DORADO SYSTEMS	Occupation HEALTHCARE	[MEMO ITEM] REDESIGNATION TO GENERAL	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) EDWARD KENNEDY		Date of Receipt MM / DD / YYYY 10 / 19 / 2015	
Mailing Address 560 WARWICK ROAD		Transaction ID : SA11.3097925	
City HADDONFIELD	State NJ	Zip Code 08033-3848	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee C	CONTRIBUTION		
Name of Employer DORADO SYSTEMS	Occupation HEALTHCARE	[MEMO ITEM] REDESIGNATION FROM PRIMARY	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) MR. JAMES F. KENNY		Date of Receipt MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 6019 E. CROCUS DRIVE		Transaction ID : SA11.3099093	
City SCOTTSDALE	State AZ	Zip Code 85254-5503	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee C	CONTRIBUTION		
Name of Employer EL DORADO HOLDINGS INC.	Occupation REAL ESTATE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

2016020200033495

**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 164 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MR. ROBERT KHAN		Date of Receipt MM / DD / YYYY 10 / 27 / 2015
Mailing Address 6407 CALMERIA PLACE		Transaction ID : SA11.3098027
City CARLSBAD	State CA	Zip Code 92011-4201
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 2000.00 CONTRIBUTION
Name of Employer GENERAL ATOMICS	Occupation COO/GA-EMS	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) MR. KHALIL KHANI		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 1872 E. ALAMEDA DRIVE		Transaction ID : SA11.3099767
City TEMPE	State AZ	Zip Code 85282-2873
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) MR. BRADLEY KIESLING		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 5543 EAST SANDRA TERRACE		Transaction ID : SA11.3099098
City SCOTTSDALE	State AZ	Zip Code 85254-1126
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 250.00 CONTRIBUTION
Name of Employer PETSMART	Occupation GOVERNMENT AFFAIRS	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	2350.00
TOTAL This Period (last page this line number only).....	

2016020200033496

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 165 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. MS. MILDRED K. KILBERG		Date of Receipt M M / D D / Y Y Y Y - Y Y 12 / 21 / 2015	
Mailing Address 18618 N. 130TH AVENUE		Transaction ID : SA11.3099308	
City SUN CITY WEST	State AZ	Zip Code 85375-4845	Amount of Each Receipt this Period 50.00 CONTRIBUTION
FEC ID number of contributing federal political committee C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 205.00		

Full Name (Last, First, Middle Initial) B. MS. HEIDI L. KIMBALL		Date of Receipt M M / D D / Y Y Y Y - Y Y 12 / 07 / 2015	
Mailing Address 2152 W. MADERO AVENUE		Transaction ID : SA11.3099097	
City MESA	State AZ	Zip Code 85202-6437	Amount of Each Receipt this Period 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee C			
Name of Employer SUNBELT HOLDINGS	Occupation REAL ESTATE DEVELOPER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. THOMAS KIMBREL		Date of Receipt M M / D D / Y Y Y Y - Y Y 11 / 03 / 2015	
Mailing Address 5449 CALLE PICO		Transaction ID : SA11.3098347	
City LAGUNA WOODS	State CA	Zip Code 92637-2788	Amount of Each Receipt this Period 200.00 CONTRIBUTION
FEC ID number of contributing federal political committee C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

2016020200033497

**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 166 OF 516
	<input checked="" 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 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. HEATHER KING		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 1701 PAGE MILL RD		Transaction ID : SA11.3097945
City PALO ALTO	State CA	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 5400.00 CONTRIBUTION
Name of Employer THERANOS	Occupation GENERAL COUNSEL	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MS. HEATHER KING		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 1701 PAGE MILL RD		Transaction ID : SA11.3097945B
City PALO ALTO	State CA	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period -2700.00 CONTRIBUTION
Name of Employer THERANOS	Occupation GENERAL COUNSEL	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

C. Full Name (Last, First, Middle Initial) MS. HEATHER KING		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 1701 PAGE MILL RD		Transaction ID : SA11.3097967
City PALO ALTO	State CA	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 2700.00 CONTRIBUTION
Name of Employer THERANOS	Occupation GENERAL COUNSEL	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	

2016020200033498

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 167 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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.

Full Name (Last, First, Middle Initial) MR. WILLIAM P. KING		Date of Receipt MM / DD / YYYY 12 / 28 / 2015
Mailing Address 2850 S. OCEAN BLVD. APARTMENT 502		Transaction ID : SA11.3099544
City PALM BEACH	State FL Zip Code 33480-6248	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 200.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 300.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MRS. RUTH L. KINSMAN		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 4141 N. ROCKTON AVE		Transaction ID : SA11.3098874
City ROCKFORD	State IL Zip Code 61103-1524	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 200.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 300.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MS. KAREN G. KISSINGER		Date of Receipt MM / DD / YYYY 10 / 13 / 2015
Mailing Address 8153 E. ANAPAMU PLACE		Transaction ID : SA11.3097839
City TUCSON	State AZ Zip Code 85750-2934	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 250.00 CONTRIBUTION
Name of Employer TUCSON ELECTRIC POWER	Occupation CHIEF COMPLIANCE OFFICER	Election Cycle-to-Date 250.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

2016020200033499

**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 168 OF 516	
	<input checked="" 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 type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
MR. SCOTT K. KNAUER

Mailing Address **3200 E. CAMELBACK #295**

City **PHOENIX** State **AZ** Zip Code **85018-2343**

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

Name of Employer **PIVOTAL GROUP** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : **SA11.3099105**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GARY KNIGHT

Mailing Address **7100 N. MUMMY MT ROAD**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-3343**

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

Name of Employer **KNIGHT TRANSPORTATION, INC.** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **10 / 13 / 2015**

Transaction ID : **SA11.3097860**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KEITH T. KNIGHT

Mailing Address **20450 N. 108TH PLACE**

City **SCOTTSDALE** State **AZ** Zip Code **85255-7182**

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

Name of Employer **KNIGHT TRANSPORTATION** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **10 / 13 / 2015**

Transaction ID : **SA11.3097861**

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

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

5200.00

201602020200033500

**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 169 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. KEVIN P. KNIGHT

Mailing Address **19154 N. 107TH STREET**

City **SCOTTSDALE** State **AZ** Zip Code **85255-6246**

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

Name of Employer **KNIGHT TRANSPORTATION** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **10 / 13 / 2015**

Transaction ID : **SA11.3097862**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID M. KNOTT SR.

Mailing Address **232 CLEFT ROAD**

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

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

Name of Employer **KNOTT PARTNERS** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : **SA11.3099118**

Amount of Each Receipt this Period
2800.00
CONTRIBUTION

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

Mailing Address **232 CLEFT ROAD**

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

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

Name of Employer **KNOTT PARTNERS** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : **SA11.3099118B**

Amount of Each Receipt this Period
-2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

5500.00

2016020200033501

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 170 OF 516	
	(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.

Full Name (Last, First, Middle Initial) MR. DAVID M. KNOTT SR.		Date of Receipt MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 232 CLEFT ROAD		Transaction ID : SA11.3099161	
City MILL NECK	State NY	Zip Code 11765-1001	Amount of Each Receipt this Period 2700.00 CONTRIBUTION
FEC ID number of contributing federal political committee C	[MEMO ITEM] REDESIGNATION FROM PRIMARY		
Name of Employer KNOTT PARTNERS	Occupation EXECUTIVE	Election Cycle-to-Date 5400.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) MR. C. MICHAEL KOJAIAN		Date of Receipt MM / DD / YYYY 11 / 17 / 2015	
Mailing Address 39400 WOODWARD AVENUE STE. 250		Transaction ID : SA11.3098555	
City BLOOMFIELD HILLS	State MI	Zip Code 48304-5155	Amount of Each Receipt this Period 5400.00 CONTRIBUTION
FEC ID number of contributing federal political committee C	[MEMO ITEM] REDESIGNATION TO GENERAL		
Name of Employer KOJAIAN VENTURES, LLC	Occupation PRESIDENT	Election Cycle-to-Date 5400.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) MR. C. MICHAEL KOJAIAN		Date of Receipt MM / DD / YYYY 11 / 17 / 2015	
Mailing Address 39400 WOODWARD AVENUE STE. 250		Transaction ID : SA11.3098555B	
City BLOOMFIELD HILLS	State MI	Zip Code 48304-5155	Amount of Each Receipt this Period -2700.00 CONTRIBUTION
FEC ID number of contributing federal political committee C	[MEMO ITEM] REDESIGNATION TO GENERAL		
Name of Employer KOJAIAN VENTURES, LLC	Occupation PRESIDENT	Election Cycle-to-Date 5400.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	

2016020200033502

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 171 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MR. C. MICHAEL KOJAIAN		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 39400 WOODWARD AVENUE STE. 250		Transaction ID : SA11.3098712
City BLOOMFIELD HILLS	State Zip Code MI 48304-5155	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 2700.00
Name of Employer KOJAIAN VENTURES, LLC	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial) MRS. ELIZABETH ANN KOJAIAN		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 601 ORCHARD RIDGE ROAD		Transaction ID : SA11.3098548
City BLOOMFIELD HILLS	State Zip Code MI 48304-2633	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 5400.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) MRS. ELIZABETH ANN KOJAIAN		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 601 ORCHARD RIDGE ROAD		Transaction ID : SA11.3098548B
City BLOOMFIELD HILLS	State Zip Code MI 48304-2633	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 2700.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	

2016020200033503

**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 172 OF 516
	<input checked="" 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 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. ELIZABETH ANN KOJAIAN

Mailing Address **601 ORCHARD RIDGE ROAD**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304-2633**

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 **5400.00**

Date of Receipt **11 / 17 / 2015**

Transaction ID : **SA11.3098700**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. MIKE KOJAIAN

Mailing Address **39400 WOODWARD AVENUE STE. 250**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304-5155**

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 **5400.00**

Date of Receipt **11 / 17 / 2015**

Transaction ID : **SA11.3098556**

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MIKE KOJAIAN

Mailing Address **39400 WOODWARD AVENUE STE. 250**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304-5155**

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 **5400.00**

Date of Receipt **11 / 17 / 2015**

Transaction ID : **SA11.3098556B**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

5400.00

2016020200033504

**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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<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.

Full Name (Last, First, Middle Initial) MR. MIKE KOJAIAN		Date of Receipt MM / DD / YYYY 11 / 17 / 2015	
Mailing Address 39400 WOODWARD AVENUE STE. 250		Transaction ID : SA11.3098714	
City BLOOMFIELD HILLS	State MI	Zip Code 48304-5155	Amount of Each Receipt this Period CONTRIBUTION 2700.00
FEC ID number of contributing federal political committee C		[MEMO ITEM] REDESIGNATION FROM PRIMARY	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) THE HON. JAMES T. KOLBE		Date of Receipt MM / DD / YYYY 12 / 04 / 2015	
Mailing Address 5418 E. 6TH STREET		Transaction ID : SA11.3098946	
City TUCSON	State AZ	Zip Code 85711-2342	Amount of Each Receipt this Period CONTRIBUTION 1000.00
FEC ID number of contributing federal political committee C			
Name of Employer SELF-EMPLOYED	Occupation CONSULTANT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) VENKATESWARLU KOMMINENI		Date of Receipt MM / DD / YYYY 10 / 27 / 2015	
Mailing Address 10167 E CONIESON RD		Transaction ID : SA11.3098044	
City SCOTTSDALE	State AZ	Zip Code 85260-9206	Amount of Each Receipt this Period CONTRIBUTION 1000.00
FEC ID number of contributing federal political committee C			
Name of Employer T-SYSTEMS	Occupation DIRECTOR IN IT COMPANY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

2016020200033505

**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 174 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) VENKATESWARLU KOMMINENI		Date of Receipt MM/DD/YYYY 12/31/2015
Mailing Address 10167 E CONIESON RD		Transaction ID : SA11.3099682
City SCOTTSDALE	State AZ Zip Code 85260-9206	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 100.00
Name of Employer T- SYSTEMS	Occupation DIRECTOR IN IT COMPANY	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) MRS. BARBARA S. KOUTS		Date of Receipt MM/DD/YYYY 11/03/2015
Mailing Address 249 SOUTH COUNTRY ROAD		Transaction ID : SA11.3098300
City BROOKHAVEN	State NY Zip Code 11719-9704	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 50.00
Name of Employer SELF-EMPLOYED	Occupation LITERARY AGENT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

Full Name (Last, First, Middle Initial) MRS. BARBARA S. KOUTS		Date of Receipt MM/DD/YYYY 11/13/2015
Mailing Address 249 SOUTH COUNTRY ROAD		Transaction ID : SA11.3098476
City BROOKHAVEN	State NY Zip Code 11719-9704	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 100.00
Name of Employer SELF-EMPLOYED	Occupation LITERARY AGENT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

2016020200033506

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 175 OF 516
(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)
MRS. BARBARA S. KOUTS

Mailing Address **249 SOUTH COUNTRY ROAD**

City **BROOKHAVEN** State **NY** Zip Code **11719-9704**

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

Name of Employer **SELF-EMPLOYED** Occupation **LITERARY AGENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : **SA11.3099573**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

Mailing Address **420 MONTGOMERY STREET
12TH FLOOR**

City **SAN FRANCISCO** State **CA** Zip Code **94104-**

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 **5400.00**

Date of Receipt **10 / 19 / 2015**
Transaction ID : **SA11.3097942**

Amount of Each Receipt this Period
5400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD M. KOVACEVICH

Mailing Address **420 MONTGOMERY STREET
12TH FLOOR**

City **SAN FRANCISCO** State **CA** Zip Code **94104-**

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 **5400.00**

Date of Receipt **10 / 19 / 2015**
Transaction ID : **SA11.3097942B**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional)..... **5500.00**

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

2016020200033507

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

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

FOR LINE NUMBER: PAGE 176 OF 516
(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)
MR. RICHARD M. KOVACEVICH

Mailing Address **420 MONTGOMERY STREET
12TH FLOOR**

City **SAN FRANCISCO** State **CA** Zip Code **94104-**

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 **5400.00**

Date of Receipt
10 / 19 / 2015

Transaction ID : **SA11.3097969**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address **1635 STONER AVENUE
APARTMENT 12**

City **LOS ANGELES** State **CA** Zip Code **90025-1846**

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 **440.00**

Date of Receipt
12 / 21 / 2015

Transaction ID : **SA11.3099316**

Amount of Each Receipt this Period
220.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALLYN R. KRAMER

Mailing Address **16102 RED CEDAR TRAIL**

City **DALLAS** State **TX** Zip Code **75248-3938**

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

Name of Employer **KRAMER DIRECT** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
10 / 20 / 2015

Transaction ID : **SA11.3097971**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

1220.00

201602020200033508

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

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

FOR LINE NUMBER: PAGE 177 OF 516
(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)
MR. LANCE KRIGBAUM

Mailing Address **26980 ROAD M**

City **CORTEZ** State **CO** Zip Code **81321-9380**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : SA11.3098256

Amount of Each Receipt this Period
25.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LANCE KRIGBAUM

Mailing Address **26980 ROAD M**

City **CORTEZ** State **CO** Zip Code **81321-9380**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt **12 / 03 / 2015**
Transaction ID : SA11.3099028

Amount of Each Receipt this Period
50.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LANCE KRIGBAUM

Mailing Address **26980 ROAD M**

City **CORTEZ** State **CO** Zip Code **81321-9380**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11.3099697

Amount of Each Receipt this Period
25.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **100.00**

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

201602020200033509

**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 178 OF 516
	<input checked="" 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 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. VERNA B. KROUT		Date of Receipt MM / DD / YYYY 11 / 17 / 2015
Mailing Address 3234 SKILLMAN LANE		Transaction ID : SA11.3098605
City PETALUMA	State CA Zip Code 94952-8020	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 320.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) MS. BILLIE KRUGER		Date of Receipt MM / DD / YYYY 12 / 03 / 2015
Mailing Address 450 ALTON ROAD #1110		Transaction ID : SA11.3099034
City MIAMI BEACH	State FL Zip Code 33139-6716	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Election Cycle-to-Date 1075.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) MR. PHILIP J. KUDELA		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 10102 JOPPA ROAD		Transaction ID : SA11.3098839
City VERMILION	State OH Zip Code 44089-9399	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 1600.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 2700.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	2700.00

2016020200033510

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

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

FOR LINE NUMBER: PAGE 179 OF 516
(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)
MR. LARRY B. KUGLER

Mailing Address **234 MAPLE HILL ROAD**

City **GLENCOE** State **IL** Zip Code **60022-1219**

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

Name of Employer **MILLARD GROUP** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
11 / 10 / 2015

Transaction ID : **SA11.3098399**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES KURLAND

Mailing Address **188 PARK AVENUE**

City **GLENCOE** State **IL** Zip Code **60022-1352**

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
12 / 21 / 2015

Transaction ID : **SA11.3099404**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JIM LAI

Mailing Address **1118 W. ASPEN AVENUE**

City **GILBERT** State **AZ** Zip Code **85233-3710**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
10 / 27 / 2015

Transaction ID : **SA11.3098067**

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

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

3250.00

2016020200033511

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

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

FOR LINE NUMBER: PAGE 180 OF 516

(check only one)

<input checked="" 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 type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. VIVEK LALL

Mailing Address **16202 COUNTRY DAY ROAD**

City **POWAY** State **CA** Zip Code **92064-1454**

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

Name of Employer **GENERAL ATOMICS** Occupation **CHIEF EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2015

Transaction ID : **SA11.3097973**

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
SHIVA VIVEK LALL

Mailing Address **16202 COUNTRY DAY ROAD**

City **POWAY** State **CA** Zip Code **92064-1454**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2015

Transaction ID : **SA11.3097974**

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. VIVEK LALL

Mailing Address **16202 COUNTRY DAY ROAD**

City **POWAY** State **CA** Zip Code **92064-1454**

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

Name of Employer **GENERAL ATOMICS** Occupation **CHIEF EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2015

Transaction ID : **SA11.3097973B**

Amount of Each Receipt this Period
-1500.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

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

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

3000.00

2016020200033512

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

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

FOR LINE NUMBER: PAGE 181 OF 516
(check only one)

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

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

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

Mailing Address **P.O. BOX 18907**

City **FOUNTAIN HILLS** State **AZ** Zip Code **85269-8907**

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

Name of Employer **CONCEPT DEVELOPMENT CORPORATION** Occupation **PRESIDENT/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11.3099731

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JANET L. LARSON

Mailing Address **1458 W MATTIE RD**

City **CLEARVILLE** State **PA** Zip Code **15535-7546**

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

Name of Employer **FORMER PUBLIC SCHOOL EDUCATOR.** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : SA11.3098301

Amount of Each Receipt this Period
50.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JANET L. LARSON

Mailing Address **1458 W MATTIE RD**

City **CLEARVILLE** State **PA** Zip Code **15535-7546**

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

Name of Employer **FORMER PUBLIC SCHOOL EDUCATOR.** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11.3099770

Amount of Each Receipt this Period
25.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **2775.00**

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

2016020200033513

**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 182 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

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

Mailing Address **5721 N. PLACITA STILBAYO**

City **TUCSON** State **AZ** Zip Code **85718-3908**

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

Name of Employer **TUCSON ELECTRIC POWER** Occupation **FINANCIAL MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
10 / 13 / 2015

Transaction ID : SA11.3097844

Amount of Each Receipt this Period
750.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KENNETH P. LASALA JR.

Mailing Address **9308 CHERRY HILL ROAD #303**

City **COLLEGE PARK** State **MD** Zip Code **20740-1235**

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

Name of Employer **INTERNATIONAL ASSOCIATION OF FIRE CH** Occupation **DIRECTOR OF GOVERNMENT RELATIONS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
11 / 13 / 2015

Transaction ID : SA11.3098462

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TAYLOR W. LAWRENCE

Mailing Address **527 W. TORTOLITA MOUNTAIN CIR.**

City **ORO VALLEY** State **AZ** Zip Code **85755-5941**

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

Name of Employer **RAYTHEON MISSILE SYSTEMS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
12 / 14 / 2015

Transaction ID : SA11.3099231

Amount of Each Receipt this Period
950.00
CONTRIBUTION

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

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

2200.00

201602020200033514

**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 183 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MR. BRIAN R. LAWTON		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 5012 OAK BEND		Transaction ID : SA11.3099104
City EDINA	State MN	Zip Code 55436-1167
FEC ID number of contributin federal political committee	C	Amount of Each Receipt this Period 250.00 CONTRIBUTION
Name of Employer SPORTSALIYITS	Occupation OWNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) DR. SANG LE PHUOC		Date of Receipt MM / DD / YYYY 10 / 06 / 2015
Mailing Address 12432 EUCLID STREET		Transaction ID : SA11.3097766
City GARDEN GROVE	State CA	Zip Code 92840-3310
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Ge eral <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) MS. MARVA JEAN LEBLANC		Date of Receipt MM / DD / YYYY 12 / 18 / 2015
Mailing Address 214 SUNNY LANE		Transaction ID : SA11.3099248
City EMMETT	State ID	Zip Code 83617-3324
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Pri...ary <input type="checkbox"/> Ger ral <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

2016020200033515

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 184 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
MR. DONALD M. LEEBERN JR.

Mailing Address **P.O. BOX 43065**

City MCDONOUGH	State GA	Zip Code 30253-
--------------------------	--------------------	---------------------------

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

Name of Employer GEORGIA CROWN DISTRIBUTING COMPANY	Occupation CHAIRMAN
---	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **12 / 17 / 2015**

Transaction ID : **SA11.3099245**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. BARBARA W. LEHMAN

Mailing Address **450 PARK AVE., FL-6**

City NEW YORK	State NY	Zip Code 10022-2605
-------------------------	--------------------	-------------------------------

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

Name of Employer J.F. LEHMAN & COMPANY	Occupation ARTIST
--	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **10 / 27 / 2015**

Transaction ID : **SA11.3098034**

Amount of Each Receipt this Period
200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. BARBARA W. LEHMAN

Mailing Address **450 PARK AVE., FL-6**

City NEW YORK	State NY	Zip Code 10022-2605
-------------------------	--------------------	-------------------------------

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

Name of Employer J.F. LEHMAN & COMPANY	Occupation ARTIST
--	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **10 / 27 / 2015**

Transaction ID : **SA11.3098034_B**

Amount of Each Receipt this Period
-100.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

1200.00

201602020200033516

**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 185 OF 516
	<input checked="" 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 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. BARBARA W. LEHMAN

Mailing Address **450 PARK AVE., FL-6**

City **NEW YORK** State **NY** Zip Code **10022-2605**

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

Name of Employer **J.F. LEHMAN & COMPANY** Occupation **ARTIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : **SA11.3098034_B_B**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
DR. JOHN F. LEHMAN JR.

Mailing Address **101 WARREN ST., APT. 2710**

City **NEW YORK** State **NY** Zip Code **10007-1395**

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

Name of Employer **J.F. LEHMAN & COMPANY** Occupation **BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : **SA11.3098035**

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. JOHN F. LEHMAN JR.

Mailing Address **101 WARREN ST., APT. 2710**

City **NEW YORK** State **NY** Zip Code **10007-1395**

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

Name of Employer **J.F. LEHMAN & COMPANY** Occupation **BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : **SA11.3098035_B**

Amount of Each Receipt this Period
-100.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

200.00

2016020200033517

**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 186 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
DR. JOHN F. LEHMAN JR.

Mailing Address **101 WARREN ST., APT. 2710**

City **NEW YORK** State **NY** Zip Code **10007-1395**

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

Name of Employer **J.F. LEHMAN & COMPANY** Occupation **BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 27 / 2015**

Transaction ID : **SA11.3098035 B B**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. LAWRENCE W. LEIGHTON

Mailing Address **1088 PARK AVENUE #4F**

City **NEW YORK** State **NY** Zip Code **10128-1132**

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

Name of Employer **BENTLEY ASSOCIATES** Occupation **INVESTMENT BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **11 / 18 / 2015**

Transaction ID : **SA11.3098673**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JACK LEVIN

Mailing Address **985 SHERIDAN ROAD**

City **WINNETKA** State **IL** Zip Code **60093-1558**

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

Name of Employer **KIRKLAND & ELLIS** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : **SA11.3098402**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

600.00

2016020200033518

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 187 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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. EDWARD C. LEVY

Mailing Address **970 SHIRLEY ROAD**

City **BIRMINGHAM** State **MI** Zip Code **48009-3730**

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

Name of Employer **EDWARD C. LEVY CORPORATION** Occupation **CHAIRMAN & CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : **SA11.3099064**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN W. LEWIS

Mailing Address **513 EAST CAMPBELL AVE**

City **GILBERT** State **AZ** Zip Code **85234-4613**

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

Name of Employer **TOWN OF GILBERT** Occupation **MAYOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 14 / 2015**

Transaction ID : **SA11.3099227**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address **513 EAST CAMPBELL AVE**

City **GILBERT** State **AZ** Zip Code **85234-4613**

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

Name of Employer **TOWN OF GILBERT** Occupation **MAYOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : **SA11.3099269**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

3700.00

2016020200033519

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 188 OF 516	
	(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) MR. EARL LICHTENSTEIN		Date of Receipt MM / DD / YYYY 11 / 10 / 2015
Mailing Address 325 OLD POST ROAD		Transaction ID : SA11.3098412
City NORTHBROOK	State Zip Code IL 60062-1526	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 250.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) MR. BRUCE R. LIEBERMAN		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address P.O. BOX 14166		Transaction ID : SA11.3098841
City SCOTTSDALE	State Zip Code AZ 85267-4166	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 200.00 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	Amount of Each Receipt this Period 300.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

C. Full Name (Last, First, Middle Initial) MR. GAVIN LINDNER		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 32 REMSEN ST		Transaction ID : SA11.3099810
City WILLISTON PARK	State Zip Code NY 11596-1141	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED CIVIL ENGINEER	Amount of Each Receipt this Period 300.00 CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

2016020200033520

**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 189 OF 516
	<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

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)
RONALD W. LOU

Mailing Address **2390 W MEGAN ST**

City **CHANDLER** State **AZ** Zip Code **85224-3488**

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

Name of Employer **ANGRY CRAB SHACK** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 MM / DD / YYYY
10 / 18 / 2015

Transaction ID : **SA11.3098020**

Amount of Each Receipt this Period
1000.00

IN-KIND CONTRIBUTION

CATERING

B. Full Name (Last, First, Middle Initial)
MRS. LINSEY B. LOW

Mailing Address **9 DUCKTRAP ROAD**

City **LINCOLNVILLE** State **ME** Zip Code **04849-5222**

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 **400.00**

Date of Receipt
 MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SA11.3098481**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ANDREW S. LUCAS

Mailing Address **2519 N. BOSWORTH AVENUE**

City **CHICAGO** State **IL** Zip Code **60614-2005**

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

Name of Employer **BANK OF AMERICA/MERRILL LYNCH** Occupation **FINANCIAL PLANNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 MM / DD / YYYY
11 / 10 / 2015

Transaction ID : **SA11.3098386**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

2016020200033521

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

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

FOR LINE NUMBER: PAGE 190 OF 516
(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)
MR. CHRISTOPHER B. LUCAS

Mailing Address **400 N. BRAND BLVD. STE. 950**

City **GLENDALE** State **CA** Zip Code **91203-2369**

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

Name of Employer **BLACK DIAMOND VENTURES** Occupation **VENTURE CAPITAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3098358**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LAWRENCE T. LUCERO

Mailing Address **354 N. COURT AVENUE**

City **TUCSON** State **AZ** Zip Code **85701-1035**

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

Name of Employer **TUCSON ELECTRIC POWER** Occupation **GOVERNMENT RELATIONS EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt **10 / 13 / 2015**

Transaction ID : **SA11.3097845**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALFRED LUREY

Mailing Address **1100 PEACHTREE STREET, SUITE 2800**

City **ATLANTA** State **GA** Zip Code **30309-4528**

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

Name of Employer **KILPATRICK TOWNSEND & STOCKTON LLP** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 21 / 2015**

Transaction ID : **SA11.3099393**

Amount of Each Receipt this Period
50.00
CONTRIBUTION

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

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

1300.00

2016020200033522

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 191 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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. DORA MACDONALD

Mailing Address **11259 LEO COLLINS DRIVE**

City **EL PASO** State **TX** Zip Code **79936-4619**

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
 M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : **SA11.3099348**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID S. MACK

Mailing Address **2115 LINWOOD AVE.**

City **FORT LEE** State **NJ** Zip Code **07024-5020**

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

Name of Employer **MACK COMPANY** Occupation **SENIOR PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : **SA11.3097073**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MR. DAVID S. MACK

Mailing Address **2115 LINWOOD AVE.**

City **FORT LEE** State **NJ** Zip Code **07024-5020**

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

Name of Employer **MACK COMPANY** Occupation **SENIOR PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2015

Transaction ID : **SA11.B3098511**

Amount of Each Receipt this Period
-2500.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

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

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

100.00

201602020200033523

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

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

FOR LINE NUMBER: PAGE 192 OF 516
(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)
MS. SONDR A MACK

Mailing Address **2115 LINWOOD AVENUE
STE 110**

City **FORT LEE** State **NJ** Zip Code **07024-5022**

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 **2500.00**

Date of Receipt **11 / 04 / 2015**
Transaction ID : **SA11.B3098510**

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
MR. DAVID S. MACK

Mailing Address **2115 LINWOOD AVE.**

City **FORT LEE** State **NJ** Zip Code **07024-5020**

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

Name of Employer **MACK COMPANY** Occupation **SENIOR PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **09 / 24 / 2015**
Transaction ID : **SA11.3098511**

Amount of Each Receipt this Period
200.00
CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MR. DAVID S. MACK

Mailing Address **2115 LINWOOD AVE.**

City **FORT LEE** State **NJ** Zip Code **07024-5020**

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

Name of Employer **MACK COMPANY** Occupation **SENIOR PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 04 / 2015**
Transaction ID : **SA11.3098511B**

Amount of Each Receipt this Period
-100.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional)..... **0.00**

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

2016020200033524

**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 193 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. DAVID S. MACK

Mailing Address **2115 LINWOOD AVE.**

City **FORT LEE** State **NJ** Zip Code **07024-5020**

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

Name of Employer **MACK COMPANY** Occupation **SENIOR PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
11 / 04 / 2015

Transaction ID : SA11.3098513

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

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

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
11 / 10 / 2015

Transaction ID : SA11.3098379

Amount of Each Receipt this Period
200.00

CONTRIBUTION

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

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

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

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
11 / 10 / 2015

Transaction ID : SA11.3098379B

Amount of Each Receipt this Period
-100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

200.00

2016020200033525

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

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

FOR LINE NUMBER: PAGE 194 OF 516
(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)
MR. GREGORY B. MAFFEI

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

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

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
MM / DD / YYYY
11 / 10 / 2015

Transaction ID : **SA11.3098421**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MRS. SHARON MAFFEI

Mailing Address **4175 S. HUMBOLDT STREET**

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

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 **5400.00**

Date of Receipt
MM / DD / YYYY
11 / 10 / 2015

Transaction ID : **SA11.3098374**

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SHARON MAFFEI

Mailing Address **4175 S. HUMBOLDT STREET**

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

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 **5400.00**

Date of Receipt
MM / DD / YYYY
11 / 10 / 2015

Transaction ID : **SA11.3098374B**

Amount of Each Receipt this Period
-100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

200.00

2016020200033526

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

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

FOR LINE NUMBER: PAGE 195 OF 516
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MRS. SHARON MAFFEI

Mailing Address **4175 S. HUMBOLDT STREET**

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

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 **5400.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : **SA11.3099491**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MAHLIN MALIHI

Mailing Address **9220 MIKE GARCIA DR**

City **MANASSAS** State **VA** Zip Code **20109-5458**

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

Name of Employer **CONTRACTOR VDOT** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : **SA11.3098886**

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MAHLIN MALIHI

Mailing Address **9220 MIKE GARCIA DR**

City **MANASSAS** State **VA** Zip Code **20109-5458**

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

Name of Employer **CONTRACTOR VDOT** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : **SA11.3098886B**

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

5400.00

2016020200033527

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

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

FOR LINE NUMBER: PAGE 196 OF 516
(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)
MAHLIN MALIHI

Mailing Address **9220 MIKE GARCIA DR**

City **MANASSAS** State **VA** Zip Code **20109-5458**

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

Name of Employer **CONTRACTOR VDOT** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : **SA11.3098922**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
PARHAM MALIHI

Mailing Address **9220 MIKE GARCIA DR**

City **MANASSAS** State **VA** Zip Code **20109-5458**

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

Name of Employer **CONTRACTOR VDOT** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : **SA11.3098887**

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PARHAM MALIHI

Mailing Address **9220 MIKE GARCIA DR**

City **MANASSAS** State **VA** Zip Code **20109-5458**

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

Name of Employer **CONTRACTOR VDOT** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : **SA11.3098887B**

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

5400.00

2016020200033528

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

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

FOR LINE NUMBER: PAGE 197 OF 516
(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.

Full Name (Last, First, Middle Initial)
PARHAM MALIHI

A. Mailing Address **9220 MIKE GARCIA DR**

City **MANASSAS** State **VA** Zip Code **20109-5458**

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

Name of Employer **CONTRACTOR VDOT** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : **SA11.3098920**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)
MS. ADITI MALIWAL

B. Mailing Address **2 EMBARCADERO CENTER**

City **SAN FRANCISCO** State **CA** Zip Code **94111-3823**

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

Name of Employer **CROSSLINK CAPITAL** Occupation **INVESTOR/VENTURE CAPITAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
10 / 19 / 2015

Transaction ID : **SA11.3097955**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

C. Mailing Address **508 WEST HARMONT DRIVE**

City **PHOENIX** State **AZ** Zip Code **85021-5647**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
11 / 03 / 2015

Transaction ID : **SA11.3098259**

Amount of Each Receipt this Period
25.00

CONTRIBUTION

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

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

1025.00

2016020200033529

**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 198 OF 516
	<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)
MR. FRANK P. MARINO

Mailing Address **2203 E. HAWTHORNE ST**

City **TUCSON** State **AZ** Zip Code **85719-4941**

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

Name of Employer **UNS ENERGY** Occupation **VP CONTROLLER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **10 / 13 / 2015**

Transaction ID : **SA11.3097850**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAYAKUMAR C. MARNI

Mailing Address **242 THOMAS DRIVE**

City **WOOD DALE** State **IL** Zip Code **60191-2065**

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 **12 / 21 / 2015**

Transaction ID : **SA11.3099444**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES PATRICK MARTIN

Mailing Address **21919 N MONTEGO DR**

City **SUN CITY WEST** State **AZ** Zip Code **85375-2939**

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 **330.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : **SA11.3098870**

Amount of Each Receipt this Period
50.00
CONTRIBUTION

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

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

800.00

2016020200033530

**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 199 OF 516	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <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. MALCOLM M. MATHESON III

Mailing Address **P.O. BOX 307**

City **THE PLAINS** State **VA** Zip Code **20198-0307**

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
MM / DD / YYYY
12 / 21 / 2015

Transaction ID : **SA11.3099310**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. K. DAVID MCALLISTER

Mailing Address **2154 N. POMELO CIRCLE**

City **MESA** State **AZ** Zip Code **85215-2345**

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
MM / DD / YYYY
12 / 18 / 2015

Transaction ID : **SA11.3099262**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. NORMAN P. MCCLELLAND

Mailing Address **3111 E. MARLETTE AVENUE**

City **PHOENIX** State **AZ** Zip Code **85016-2341**

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

Name of Employer **SHAMROCK FOODS COMPANY** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
MM / DD / YYYY
12 / 07 / 2015

Transaction ID : **SA11.3099138**

Amount of Each Receipt this Period
3700.00
CONTRIBUTION

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

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

4300.00

2016020200033531

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

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

FOR LINE NUMBER: PAGE 200 OF 516
(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.

Full Name (Last, First, Middle Initial)
MR. NORMAN P. MCCLELLAND

Mailing Address **3111 E. MARLETTE AVENUE**

City State Zip Code
PHOENIX AZ 85016-2341

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
SHAMROCK FOODS COMPANY EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
5400.00

Date of Receipt
 MM / DD / YYYY
12 / 31 / 2015

Transaction ID : **SA11.3099138B**

Amount of Each Receipt this Period
-2700.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)
MR. NORMAN P. MCCLELLAND

Mailing Address **3111 E. MARLETTE AVENUE**

City State Zip Code
PHOENIX AZ 85016-2341

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
SHAMROCK FOODS COMPANY EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
5400.00

Date of Receipt
 MM / DD / YYYY
12 / 31 / 2015

Transaction ID : **SA11.3099839**

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)
MR. GERALD D. MCINVALLE

Mailing Address **116 WINDRIDGE**

City State Zip Code
LAGRANGE GA 30240-9728

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
RETIRED RETIRED

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

Date of Receipt
 MM / DD / YYYY
12 / 31 / 2015

Transaction ID : **SA11.3099776**

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

201602020200033532

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 201 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
MR. CARLTON J. MCLEOD USN (RET)

Mailing Address **670 W. PEARSON STREET**

City **HERNANDO** State **FL** Zip Code **34442-4879**

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 **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SA11.3099777**

Amount of Each Receipt this Period
25.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAKE MCMANUS

Mailing Address **14425 N. CORAL GABLES DRIVE**

City **PHOENIX** State **AZ** Zip Code **85023-6271**

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

Name of Employer **VALLEY PRODUCE** Occupation **PRODUCE DISTRIBUTOR**

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
12 / 07 / 2015

Transaction ID : **SA11.3099096**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PATRICK MCMULLAN

Mailing Address **607 6TH ST**

City **BROOKLYN** State **NY** Zip Code **11215-3701**

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

Name of Employer **BARCLAYS** Occupation **INVESTMENT BANKER**

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
12 / 01 / 2015

Transaction ID : **SA11.3098898**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1525.00

2016020200033333

**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 202 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. DONALD R. MCNATTY		Date of Receipt MM / DD / YYYY 12 / 03 / 2015
Mailing Address 24352 PARKSIDE DRIVE E		Transaction ID : SA11.3098962
City LAGUNA NIGUEL	State CA	Zip Code 92677-1719
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00 CONTRIBUTION
Name of Employer DRMCNATTY & ASSOCIATES, INC.	Occupation CONSULTANT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) MR. BRUCE P. MEHLMAN		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address 6629 LYBROOK CT		Transaction ID : SA11.3099399
City BETHESDA	State MD	Zip Code 20817-3029
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00 CONTRIBUTION
Name of Employer MEHLMAN CASTAGNETTI	Occupation CONSULTANT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) MR. HARVEY M. MEYERHOFF		Date of Receipt MM / DD / YYYY 11 / 03 / 2015
Mailing Address 1 SOUTH STREET SUITE 1000		Transaction ID : SA11.3098150
City BALTIMORE	State MD	Zip Code 21202-7301
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1200.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

SUBTOTAL of Receipts This Page (optional).....	1950.00
TOTAL This Period (last page this line number only).....	

2016020200033534

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

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

FOR LINE NUMBER: PAGE 203 OF 516
(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)
MR. PAUL J. MEYER

Mailing Address **6612 N 31ST STREET**

City **PHOENIX** State **AZ** Zip Code **85016-8908**

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

Name of Employer **JCDECAUX** Occupation **PRESIDENT, DIGITAL SIGN SERVICES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2015

Transaction ID : **SA11.3099730**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STUART MEYERS

Mailing Address **1841 VERMACK COURT**

City **DUNWOODY** State **GA** Zip Code **30338-5127**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 03 / 2015

Transaction ID : **SA11.3099032**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. BARBARA B. MILLER

Mailing Address **3700 BELLINGER LANE
SPACE 55**

City **MEDFORD** State **OR** Zip Code **97501-9556**

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 **245.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 18 / 2015

Transaction ID : **SA11.3098641**

Amount of Each Receipt this Period
60.00
 CONTRIBUTION

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

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

1560.00

2016020200033535

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 204 OF 516
	<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.

Full Name (Last, First, Middle Initial) PEYMANEH MIRSHAFIEI		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 11552 ARROYO OAKS DRIVE		Transaction ID : SA11.3098881
City LOS ALTOS HILLS	State CA	Zip Code 94024-6527
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation DESIGNER/ENGINEER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4100.00	

Full Name (Last, First, Middle Initial) PEYMANEH MIRSHAFIEI		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 11552 ARROYO OAKS DRIVE		Transaction ID : SA11.3098881B
City LOS ALTOS HILLS	State CA	Zip Code 94024-6527
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period -400.00 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation DESIGNER/ENGINEER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4100.00	
		[MEMO ITEM] REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) PEYMANEH MIRSHAFIEI		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 11552 ARROYO OAKS DRIVE		Transaction ID : SA11.3099505
City LOS ALTOS HILLS	State CA	Zip Code 94024-6527
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 400.00 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation DESIGNER/ENGINEER	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4100.00	
		[MEMO ITEM] REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

2016020200033536

**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 205 OF 516
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <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)
ALEX MISTRI

Mailing Address **440 12TH STREET NE 107**

City **WASHINGTON** State **DC** Zip Code **20002-6385**

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

Name of Employer **GLOVER PARK GROUP** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099673**

Amount of Each Receipt this Period **500.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM H. MITCHELL

Mailing Address **14424 W. VIA MANANA**

City **SUN CITY WEST** State **AZ** Zip Code **85375-2862**

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

Name of Employer **AWARD REALTY** Occupation **REALTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 14 / 2015**

Transaction ID : **SA11.3099228**

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

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

Mailing Address **6434 E. GAINSBOROUGH RD**

City **SCOTTSDALE** State **AZ** Zip Code **85251-1950**

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

Name of Employer **FREEMONT MCMORAN** Occupation **CHAIRMAN OF THE BOARD**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3700.00**

Date of Receipt **10 / 12 / 2015**

Transaction ID : **SA11.3097825**

Amount of Each Receipt this Period **1000.00**

CONTRIBUTION

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

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

1750.00

2016020200033537

**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 206 OF 516	
	<input checked="" 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 type="checkbox"/> 15

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. JAMES R. MOFFETT JR.

Mailing Address **6434 E. GAINSBOROUGH RD**

City **SCOTTSDALE** State **AZ** Zip Code **85251-1950**

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

Name of Employer **FREEMONT MCMORAN** Occupation **CHAIRMAN OF THE BOARD**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3700.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 19 / 2015

Transaction ID : **SA11.3097825B**

Amount of Each Receipt this Period
-1000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address **6434 E. GAINSBOROUGH RD**

City **SCOTTSDALE** State **AZ** Zip Code **85251-1950**

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

Name of Employer **FREEMONT MCMORAN** Occupation **CHAIRMAN OF THE BOARD**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3700.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 19 / 2015

Transaction ID : **SA11.3097913**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MRS. JANICE BOROYAV MONTANA

Mailing Address **2521 E. MARSHALL AVE**

City **PHOENIX** State **AZ** Zip Code **85016-2829**

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

Name of Employer **BZM, INC.** Occupation **PRIVATE EQUITY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 14 / 2015

Transaction ID : **SA11.3099229**

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

2016020200033338

**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 207 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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. ROBERT L. MONTAGUE III

Mailing Address **P.O. BOX 327**

City **URBANNA** State **VA** Zip Code **23175-0327**

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: **275.00**

Date of Receipt: **11 / 18 / 2015**

Transaction ID : **SA11.3098658**

Amount of Each Receipt this Period: **50.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. REBECCA CELESTE CELESTE MOON

Mailing Address **3300 WINDY RIDGE PARKWAY SE, UNIT**

City **ATLANTA** State **GA** Zip Code **30339-8518**

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

Name of Employer **MULTIPLE VOLUNTEER ORGANIZATIONS** Occupation **RETIRED/PART-TIME VOLUNTEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **270.00**

Date of Receipt: **11 / 03 / 2015**

Transaction ID : **SA11.3098281**

Amount of Each Receipt this Period: **30.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. SUSAN W. MOORE

Mailing Address **1030 INDIGO COURT**

City **LINCOLNTON** State **GA** Zip Code **30817-4710**

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: **1750.00**

Date of Receipt: **12 / 07 / 2015**

Transaction ID : **SA11.3099063**

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

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

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

330.00

201602020003339

**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 208 OF 516
	<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)
MS. GEORGIA MORGAN

Mailing Address **P.O. BOX 2747**

City **HARLINGEN** State **TX** Zip Code **78551-2747**

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 **600.00**

Date of Receipt
11 / 23 / 2015

Transaction ID : **SA11.3098771**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALI MORIDI

Mailing Address **14638 STONEBRIDGE CT.**

City **MORGAN HILL** State **CA** Zip Code **95037-9608**

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

Name of Employer **INTERO** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
12 / 21 / 2015

Transaction ID : **SA11.3099390**

Amount of Each Receipt this Period
4000.00

CONTRIBUTION

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

Mailing Address **14638 STONEBRIDGE CT.**

City **MORGAN HILL** State **CA** Zip Code **95037-9608**

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

Name of Employer **INTERO** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
12 / 21 / 2015

Transaction ID : **SA11.3099390B**

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

4100.00

2016020200033540

**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 209 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) ALI MORIDI		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address 14638 STONEBRIDGE CT.		Transaction ID : SA11.3099646
City MORGAN HILL	State CA	Zip Code 95037-9608
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 2700.00 CONTRIBUTION	
Name of Employer INTERO	Occupation BUSINESS OWNER	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) MR. DEAN N. MORRISON		Date of Receipt MM / DD / YYYY 11 / 23 / 2015
Mailing Address 12250 SW 33RD AVENUE		Transaction ID : SA11.3098784
City PORTLAND	State OR	Zip Code 97219-8254
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 150.00 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation CIVIL ENGINEER	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) MS. GEORGETTE MOSBACHER		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 1020 FIFTH AVENUE		Transaction ID : SA11.3097958
City NEW YORK	State NY	Zip Code 10028-0133
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 1700.00 CONTRIBUTION	
Name of Employer BORGHESE, INC.	Occupation C.E.O. & PRESIDENT	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	1850.00
TOTAL This Period (last page this line number only).....	

201602020200033541

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 210 OF 516						
	(check only one)	<input checked="" 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

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)
COL GEORGE L. MOSES USA, RET.

Mailing Address **101 NW FT SILL BLVD.**

City **LAWTON** State **OK** Zip Code **73507-6611**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt **12 / 03 / 2015**

Transaction ID : **SA11.3099012**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JERRY C. MOYES

Mailing Address **13327 N. 65TH DR.**

City **GLENDALE** State **AZ** Zip Code **85304-1005**

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

Name of Employer **SWIFT TRANSPORTATION CO.** Occupation **C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **11 / 18 / 2015**

Transaction ID : **SA11.3098786B**

Amount of Each Receipt this Period
-2500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. JERRY C. MOYES

Mailing Address **13327 N. 65TH DR.**

City **GLENDALE** State **AZ** Zip Code **85304-1005**

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

Name of Employer **SWIFT TRANSPORTATION CO.** Occupation **C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **11 / 18 / 2015**

Transaction ID : **SA11.3098791**

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

100.00

2016020200033542

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

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

FOR LINE NUMBER: PAGE 211 OF 516
(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)
MRS. VICKIE L. MOYES

Mailing Address **13327 N. 65TH DR.**

City **GLENDAL** State **AZ** Zip Code **85304-1005**

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 **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : **SA11.3097842**

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JERRY C. MOYES

Mailing Address **13327 N. 65TH DR.**

City **GLENDAL** State **AZ** Zip Code **85304-1005**

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

Name of Employer **SWIFT TRANSPORTATION CO.** Occupation **C.E.O.**

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
11 / 18 / 2015

Transaction ID : **SA11.3098786**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
MRS. VICKIE L. MOYES

Mailing Address **13327 N. 65TH DR.**

City **GLENDAL** State **AZ** Zip Code **85304-1005**

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 **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2015

Transaction ID : **SA11.3097842B**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

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

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

5400.00

2016020200033543

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

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

FOR LINE NUMBER: PAGE 212 OF 516
(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)
MRS. VICKIE L. MOYES

Mailing Address **13327 N. 65TH DR.**

City **GLENDAL** State **AZ** Zip Code **85304-1005**

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 **5400.00**

Date of Receipt
 MM / DD / YYYY
11 / 18 / 2015

Transaction ID : **SA11.3098787B**

Amount of Each Receipt this Period
-2700.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MRS. VICKIE L. MOYES

Mailing Address **13327 N. 65TH DR.**

City **GLENDAL** State **AZ** Zip Code **85304-1005**

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 **5400.00**

Date of Receipt
 MM / DD / YYYY
11 / 18 / 2015

Transaction ID : **SA11.3098789**

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
ST. SENATOR JEFF MULLIS

Mailing Address **212 ENGLISH AVENUE**

City **CHICKAMAUGA** State **GA** Zip Code **30707-1634**

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

Name of Employer **NW GEORGIA JOINT DEVELOPMENT AUTHC** Occupation **EXECUTIVE DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 MM / DD / YYYY
11 / 18 / 2015

Transaction ID : **SA11.3098686**

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

2016020200033544

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

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

FOR LINE NUMBER: PAGE 213 OF 516
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	11e
<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)
MR. DONALD E. MUMMERT

Mailing Address **8134 E. 6TH STREET**

City **TUCSON** State **AZ** Zip Code **85710-2416**

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 **11 / 18 / 2015**

Transaction ID : **SA11.3098627**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARK A. NADEAU

Mailing Address **P.O. BOX 390**

City **CAVE CREEK** State **AZ** Zip Code **85327-0390**

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

Name of Employer **SELF-EMPLOYED PARTNER DLA PIPER** Occupation **RANCH FOREMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2900.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099667**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARK A. NADEAU

Mailing Address **P.O. BOX 390**

City **CAVE CREEK** State **AZ** Zip Code **85327-0390**

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

Name of Employer **SELF-EMPLOYED PARTNER DLA PIPER** Occupation **RANCH FOREMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2900.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099735**

Amount of Each Receipt this Period
200.00
CONTRIBUTION

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

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

3000.00

2016020200033545

**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 214 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. ANTHONY G. NAVARRA

Mailing Address **3462 HAWK ST**

City **SAN DIEGO** State **CA** Zip Code **92103-3862**

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

Name of Employer **GENERAL ATOMICS** Occupation **SENIOR VP**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **10 / 19 / 2015**

Transaction ID : SA11.3097948

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAY A. NEAL

Mailing Address **13075 EVENING CREEK DRIVE S. #246**

City **SAN DIEGO** State **CA** Zip Code **92128-8101**

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 **450.00**

Date of Receipt **12 / 22 / 2015**

Transaction ID : SA11.3099349

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

Mailing Address **3250 E. TERE ST.**

City **PHOENIX** State **AZ** Zip Code **85044-3622**

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

Name of Employer **EDUCATION MANAGEMENT CORPORATION** Occupation **PRESIDENT/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : SA11.3099261

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

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

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

3800.00

201602020200033546

**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 215 OF 516	
	<input checked="" 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 type="checkbox"/> 15		

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

A. Full Name (Last, First, Middle Initial)
MR. DAN J. NERONE

Mailing Address **4141 N. S. HERRERA WAY C271**

City PHOENIX	State AZ	Zip Code 85012-1814
------------------------	--------------------	-------------------------------

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
12	22	2015

Transaction ID : **SA11.3099335**

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS BARBARA K. NEUBAUER

Mailing Address **2385 SUNLIGHT BEACH ROAD**

City CLINTON	State WA	Zip Code 98236-9108
------------------------	--------------------	-------------------------------

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: **240.00**

Date of Receipt

MM	DD	YYYY
12	22	2015

Transaction ID : **SA11.3099352**

Amount of Each Receipt this Period

140.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. A. MARK NEUMAN

Mailing Address **2507 CHERRY HILLS DR.**

City CHAMPAIGN	State IL	Zip Code 61822-7509
--------------------------	--------------------	-------------------------------

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

Name of Employer LIMITED BRANDS	Occupation COUNSELOR
---	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1100.00**

Date of Receipt

MM	DD	YYYY
11	10	2015

Transaction ID : **SA11.3098384**

Amount of Each Receipt this Period

1100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1290.00
TOTAL This Period (last page this line number only).....	

2016020200033547

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

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

FOR LINE NUMBER: PAGE 216 OF 516
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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. EDWARD THOMAS NEWBERRY

Mailing Address **317 N. MT. VERNON AVENUE
UNIT 2**

City **PRESCOTT** State **AZ** Zip Code **86301-2667**

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
275.00

Date of Receipt
11 / 30 / 2015

Transaction ID : **SA11.3098853**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CAREN F. NEWMAN

Mailing Address **5891 E. FINISTERRA**

City **TUCSON** State **AZ** Zip Code **85750-1008**

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
350.00

Date of Receipt
10 / 13 / 2015

Transaction ID : **SA11.3097831**

Amount of Each Receipt this Period
350.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. CONSTANCE NEWMAN

Mailing Address **114 DUDDINGTON PLS.E.**

City **WASHINGTON** State **DC** Zip Code **20003-**

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

Name of Employer **CEBNEWMAN LTD** Occupation **SENIOR FELLOW, ATLANTIC COUNCIL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
11 / 03 / 2015

Transaction ID : **SA11.3098332**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

550.00

2016020200033548

**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 217 OF 516
	<input checked="" 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 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. CONSTANCE NEWMAN

Mailing Address **114 DUDDINGTON PLS.E.**

City WASHINGTON	State DC	Zip Code 20003-
---------------------------	--------------------	---------------------------

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

Name of Employer CEBNEWMAN LTD	Occupation SENIOR FELLOW, ATLANTIC COUNCIL
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 MM / DD / YYYY
12 / 03 / 2015

Transaction ID : **SA11.3098956**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. CONSTANCE NEWMAN

Mailing Address **114 DUDDINGTON PLS.E.**

City WASHINGTON	State DC	Zip Code 20003-
---------------------------	--------------------	---------------------------

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

Name of Employer CEBNEWMAN LTD	Occupation SENIOR FELLOW, ATLANTIC COUNCIL
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 MM / DD / YYYY
12 / 21 / 2015

Transaction ID : **SA11.3099372**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DUC T. NGO

Mailing Address **754 KYLE ST**

City SAN JOSE	State CA	Zip Code 95127-1016
-------------------------	--------------------	-------------------------------

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

Name of Employer MAXIM INTEGRATED PRODUCTS	Occupation ENGINEER
--	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 MM / DD / YYYY
12 / 07 / 2015

Transaction ID : **SA11.3099092**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

700.00

2016020200033549

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

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

FOR LINE NUMBER: PAGE 218 OF 516
(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)
KEVIN NGO

Mailing Address **2427 W NORTHERN AVE**

City **PHOENIX** State **AZ** Zip Code **85021-4846**

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

Name of Employer **JAPANESE AUTO PRO'S INC** Occupation **SELF EMPLOYED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
11 / 03 / 2015

Transaction ID : **SA11.3098355**

Amount of Each Receipt this Period
600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HAI NGUYEN

Mailing Address **7420 W. MCLELLAN ROAD**

City **GLENDALE** State **AZ** Zip Code **85303-3513**

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

Name of Employer **EXPRESS SCRIPTS** Occupation **PACKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **240.00**

Date of Receipt
10 / 27 / 2015

Transaction ID : **SA11.3098077**

Amount of Each Receipt this Period
120.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HAI NGUYEN

Mailing Address **7420 W. MCLELLAN ROAD**

City **GLENDALE** State **AZ** Zip Code **85303-3513**

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

Name of Employer **EXPRESS SCRIPTS** Occupation **PACKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **240.00**

Date of Receipt
12 / 28 / 2015

Transaction ID : **SA11.3099543**

Amount of Each Receipt this Period
120.00
CONTRIBUTION

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

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

840.00

2016020200033550

**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 219 OF 516
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial) LOC NGUYEN		Date of Receipt MM / DD / YYYY 10 / 27 / 2015
Mailing Address 4120 30TH STREET #202		Transaction ID : SA11.3098046
City SAN DIEGO	State CA	Zip Code 92104-1953
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 500.00	
Name of Employer TNT RADIO NETWORK	Occupation CEO	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) LONG NGUYEN		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 2365 W SHANNON ST		Transaction ID : SA11.3099680
City CHANDLER	State AZ	Zip Code 85224-3471
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 250.00	
Name of Employer DASH DESIGNS	Occupation DESIGNER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MR. TAO V. NGUYEN		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 2431 W. MOBILE LANE		Transaction ID : SA11.3099136
City PHOENIX	State AZ	Zip Code 85041-2940
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 600.00	
Name of Employer SELF-EMPLOYED	Occupation SELF-EMPLOYED	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

2016020200033551

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 220 OF 516						
	(check only one)	<input checked="" 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

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)
XUAN NGOC NGUYEN

Mailing Address **2716 W. PIERSON STREET**

City **PHOENIX** State **AZ** Zip Code **85017-3550**

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 **600.00**

Date of Receipt **10 / 27 / 2015**

Transaction ID : SA11.3098080

Amount of Each Receipt this Period
600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ALICIA A. NICHOLSON

Mailing Address **210 CLOVERLY RD**

City **GROSSE POINTE FARM** State **MI** Zip Code **48236-3317**

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 **5400.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : SA11.3099062

Amount of Each Receipt this Period
2900.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ALICIA A. NICHOLSON

Mailing Address **210 CLOVERLY RD**

City **GROSSE POINTE FARM** State **MI** Zip Code **48236-3317**

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 **5400.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : SA11.3099062B

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

3500.00

2016020200033552

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

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

FOR LINE NUMBER: PAGE 221 OF 516
(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)
MRS. ALICIA A. NICHOLSON

Mailing Address **210 CLOVERLY RD**

City **GROSSE POINTE FARM** State **MI** Zip Code **48236-3317**

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 **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11.3099178

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
MRS. ANN V. NICHOLSON

Mailing Address **10900 HARPER AVE.**

City **DETROIT** State **MI** Zip Code **48213-3364**

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 **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11.3099060

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ANN V. NICHOLSON

Mailing Address **10900 HARPER AVE.**

City **DETROIT** State **MI** Zip Code **48213-3364**

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 **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11.3099060B

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

200.00

2016020200033553

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 222 OF 516
	<input checked="" 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 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. ANN V. NICHOLSON

Mailing Address **10900 HARPER AVE.**

City **DETROIT** State **MI** Zip Code **48213-3364**

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 **5400.00**

Date of Receipt
 12 / 07 / 2015

Transaction ID : **SA11.3099174**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address **10900 HARPER AVE.**

City **DETROIT** State **MI** Zip Code **48213-3364**

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

Name of Employer **P.V.S. CHEMICALS, INC.** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 12 / 07 / 2015

Transaction ID : **SA11.3099067**

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES B. NICHOLSON

Mailing Address **10900 HARPER AVE.**

City **DETROIT** State **MI** Zip Code **48213-3364**

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

Name of Employer **P.V.S. CHEMICALS, INC.** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 12 / 07 / 2015

Transaction ID : **SA11.3099067B**

Amount of Each Receipt this Period
-100.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

200.00

2016020200033554

**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 223 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. JAMES B. NICHOLSON

Mailing Address **10900 HARPER AVE.**

City **DETROIT** State **MI** Zip Code **48213-3364**

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

Name of Employer **P.V.S. CHEMICALS, INC.** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **12 / 07 / 2015**

Transaction ID : **SA11.3099172**

Amount of Each Receipt this Period: **100.00**

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. JAMES M. NICHOLSON

Mailing Address **1672 N. RENAUD**

City **GROSSE POINTE WOOD** State **MI** Zip Code **48236-4007**

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

Name of Employer **PVS CHEMICALS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **11 / 17 / 2015**

Transaction ID : **SA11.3098550**

Amount of Each Receipt this Period: **500.00**

CONTRIBUTION

SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES M. NICHOLSON

Mailing Address **1672 N. RENAUD**

City **GROSSE POINTE WOOD** State **MI** Zip Code **48236-4007**

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

Name of Employer **PVS CHEMICALS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **11 / 17 / 2015**

Transaction ID : **SA11.3098550B**

Amount of Each Receipt this Period: **-300.00**

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

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

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

500.00

2016020200033555

**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 224 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. JAMES M. NICHOLSON

Mailing Address **1672 N. RENAUD**

City **GROSSE POINTE WOOD** State **MI** Zip Code **48236-4007**

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

Name of Employer **PVS CHEMICALS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 MM / DD / YYYY
11 / 17 / 2015

Transaction ID : **SA11.3099521B**

Amount of Each Receipt this Period
-100.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. JAMES M. NICHOLSON

Mailing Address **1672 N. RENAUD**

City **GROSSE POINTE WOOD** State **MI** Zip Code **48236-4007**

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

Name of Employer **PVS CHEMICALS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 MM / DD / YYYY
11 / 17 / 2015

Transaction ID : **SA11.3099523**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MRS. MARY E. NICHOLSON

Mailing Address **1672 N. RENAUD ROAD**

City **GROSSE POINTE WOOD** State **MI** Zip Code **48236-4007**

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 **300.00**

Date of Receipt
 MM / DD / YYYY
11 / 17 / 2015

Transaction ID : **SA11.3099520**

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

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

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

0.00

2016020200033556

**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)

<input checked="" 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 type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

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

Mailing Address **210 CLOVERLY RD**

City **GROSSE POINTE FARM** State **MI** Zip Code **48236-3317**

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

Name of Employer **PVS CHEMICALS** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
12 / 07 / 2015

Transaction ID : **SA11.3099068**

Amount of Each Receipt this Period
2900.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN S. NICHOLSON

Mailing Address **210 CLOVERLY RD**

City **GROSSE POINTE FARM** State **MI** Zip Code **48236-3317**

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

Name of Employer **PVS CHEMICALS** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
12 / 07 / 2015

Transaction ID : **SA11.3099068B**

Amount of Each Receipt this Period
-2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address **210 CLOVERLY RD**

City **GROSSE POINTE FARM** State **MI** Zip Code **48236-3317**

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

Name of Employer **PVS CHEMICALS** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
12 / 07 / 2015

Transaction ID : **SA11.3099176**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

2900.00

2016020200033557

**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 226 OF 516
	<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	

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)
MRS. STEPHANIE J. NICHOLSON

Mailing Address **10900 HARPER AVENUE**

City **DETROIT** State **MI** Zip Code **48213-3364**

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 **5400.00**

Date of Receipt
12 / 03 / 2015

Transaction ID : **SA11.3098926**

Amount of Each Receipt this Period
2900.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. STEPHANIE J. NICHOLSON

Mailing Address **10900 HARPER AVENUE**

City **DETROIT** State **MI** Zip Code **48213-3364**

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 **5400.00**

Date of Receipt
12 / 03 / 2015

Transaction ID : **SA11.3098926B**

Amount of Each Receipt this Period
-2700.00
CONTRIBUTION
**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
MRS. STEPHANIE J. NICHOLSON

Mailing Address **10900 HARPER AVENUE**

City **DETROIT** State **MI** Zip Code **48213-3364**

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 **5400.00**

Date of Receipt
12 / 03 / 2015

Transaction ID : **SA11.3099150**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION
**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

2900.00

2016020200033558

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 227 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. TIMOTHY F. NICHOLSON		Date of Receipt MM / DD / YYYY 12 / 03 / 2015
Mailing Address 10900 HARPER AVENUE		Transaction ID : SA11.3098927
City DETROIT	State MI Zip Code 48213-3364	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2900.00
Name of Employer PVS CHEMICALS INC.	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) MR. TIMOTHY F. NICHOLSON		Date of Receipt MM / DD / YYYY 12 / 03 / 2015
Mailing Address 10900 HARPER AVENUE		Transaction ID : SA11.3098927B
City DETROIT	State MI Zip Code 48213-3364	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2700.00
Name of Employer PVS CHEMICALS INC.	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial) MR. TIMOTHY F. NICHOLSON		Date of Receipt MM / DD / YYYY 12 / 03 / 2015
Mailing Address 10900 HARPER AVENUE		Transaction ID : SA11.3099148
City DETROIT	State MI Zip Code 48213-3364	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer PVS CHEMICALS INC.	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....	2900.00
TOTAL This Period (last page this line number only).....	

2016020200033559

**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 228 OF 516	
	<input checked="" 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 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. SHARON R. NICOLL

Mailing Address **7703 VERNA WAY**

City **LUCERNE** State **CA** Zip Code **95458-8593**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : SA11.3098333

Amount of Each Receipt this Period **100.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LUKE NOSEK

Mailing Address **774 MARIN DRIVE**

City **MILL VALLEY** State **CA** Zip Code **94941-3919**

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

Name of Employer **FOUNDERS FUND** Occupation **GENERAL PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 14 / 2015**

Transaction ID : SA11.3097875

Amount of Each Receipt this Period **5400.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LUKE NOSEK

Mailing Address **774 MARIN DRIVE**

City **MILL VALLEY** State **CA** Zip Code **94941-3919**

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

Name of Employer **FOUNDERS FUND** Occupation **GENERAL PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 14 / 2015**

Transaction ID : SA11.3097875B

Amount of Each Receipt this Period **-2700.00**

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

5500.00

2016020200033560

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 229 OF 516
(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)
MR. LUKE NOSEK

Mailing Address **774 MARIN DRIVE**

City **MILL VALLEY** State **CA** Zip Code **94941-3919**

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

Name of Employer **FOUNDERS FUND** Occupation **GENERAL PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 14 / 2015**

Transaction ID : SA11.3097891

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. CARL G. O'BERRY

Mailing Address **10159 N. 119TH PL.**

City **SCOTTSDALE** State **AZ** Zip Code **85259-5075**

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 **400.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11.3099613

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DONALD D. O'NEAL

Mailing Address **3938 CANYON RD**

City **LAFAYETTE** State **CA** Zip Code **94549-2702**

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

Name of Employer **CAPITAL GROUP** Occupation **EQUITY PORTFOLIO MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **10 / 19 / 2015**

Transaction ID : SA11.3097943

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

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

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

2800.00

2016020200033561

**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 230 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. JOHN JAMES O'NEILL JR.

Mailing Address **1749 SEATON ST. NW**

City **WASHINGTON** State **DC** Zip Code **20009-2625**

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

Name of Employer **HARBINGER STRATEGIES** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 09 / 25 / 2015

Transaction ID : **SA11.3097135**

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MR. JOHN JAMES O'NEILL JR.

Mailing Address **1749 SEATON ST. NW**

City **WASHINGTON** State **DC** Zip Code **20009-2625**

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

Name of Employer **HARBINGER STRATEGIES** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 10 / 19 / 2015

Transaction ID : **SA11.3097135B**

Amount of Each Receipt this Period
-1300.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. JOHN JAMES O'NEILL JR.

Mailing Address **1749 SEATON ST. NW**

City **WASHINGTON** State **DC** Zip Code **20009-2625**

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

Name of Employer **HARBINGER STRATEGIES** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 10 / 19 / 2015

Transaction ID : **SA11.3098100**

Amount of Each Receipt this Period
1300.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

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

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

0.00

20160202000033562

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 231 OF 516
(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)
MR. DEL OLIVAREZ

Mailing Address **322 S. WASHINGTON AVENUE**

City **TITUSVILLE** State **FL** Zip Code **32796-3548**

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 **12 / 11 / 2015**

Transaction ID : **SA11.3099191**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THEODORE B. OLSON

Mailing Address **466 RIVER BEND ROAD**

City **GREAT FALLS** State **VA** Zip Code **22066-4016**

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

Name of Employer **GIBSON DUNN** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 30 / 2015**

Transaction ID : **SA11.3098140**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THEODORE B. OLSON

Mailing Address **466 RIVER BEND ROAD**

City **GREAT FALLS** State **VA** Zip Code **22066-4016**

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

Name of Employer **GIBSON DUNN** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 18 / 2015**

Transaction ID : **SA11.3098140B**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

2000.00

2016020200033563

**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 232 OF 516	
	<input checked="" 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 type="checkbox"/> 15		

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

A. Full Name (Last, First, Middle Initial)
MR. THEODORE B. OLSON

Mailing Address **466 RIVER BEND ROAD**

City GREAT FALLS	State VA	Zip Code 22066-4016
----------------------------	--------------------	-------------------------------

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

Name of Employer GIBSON DUNN	Occupation PARTNER
--	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **11 / 18 / 2015**

Transaction ID : **SA11.3098615**

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. THEODORE B. OLSON

Mailing Address **466 RIVER BEND ROAD**

City GREAT FALLS	State VA	Zip Code 22066-4016
----------------------------	--------------------	-------------------------------

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

Name of Employer GIBSON DUNN	Occupation PARTNER
--	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **11 / 17 / 2015**

Transaction ID : **SA11.3098549**

Amount of Each Receipt this Period: **2800.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THEODORE B. OLSON

Mailing Address **466 RIVER BEND ROAD**

City GREAT FALLS	State VA	Zip Code 22066-4016
----------------------------	--------------------	-------------------------------

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

Name of Employer GIBSON DUNN	Occupation PARTNER
--	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **11 / 18 / 2015**

Transaction ID : **SA11.3098549B**

Amount of Each Receipt this Period: **-1700.00**

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

2800.00

2016020200033564

**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 233 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. THEODORE B. OLSON

Mailing Address **466 RIVER BEND ROAD**

City **GREAT FALLS** State **VA** Zip Code **22066-4016**

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

Name of Employer **GIBSON DUNN** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y
11 / 18 / 2015

Transaction ID : **SA11.3098617**

Amount of Each Receipt this Period
1700.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH PATRICK OFFERMAN

Mailing Address **29806 52ND AVENUE E.**

City **GRAHAM** State **WA** Zip Code **98338-9636**

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 **204.00**

Date of Receipt
 M M M / D D D / Y Y Y Y
10 / 14 / 2015

Transaction ID : **SA11.3097884**

Amount of Each Receipt this Period
68.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH PATRICK OFFERMAN

Mailing Address **29806 52ND AVENUE E.**

City **GRAHAM** State **WA** Zip Code **98338-9636**

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 **204.00**

Date of Receipt
 M M M / D D D / Y Y Y Y
12 / 22 / 2015

Transaction ID : **SA11.3099337**

Amount of Each Receipt this Period
68.00
 CONTRIBUTION

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

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

136.00

2016020200033565

**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 234 OF 516	
	<input checked="" 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 type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
MR. RONALD E. OSIMO

Mailing Address **185 THOMAS ROAD**

City **RINDGE** State **NH** Zip Code **03461-5488**

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 **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y - Y Y
12 / 21 / 2015

Transaction ID : **SA11.3099442**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address **12 SHERIDAN AVENUE**

City **ALBANY** State **NY** Zip Code **12207-2228**

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

Name of Employer **OSTROFF ASSOCIATES** Occupation **OWNER**

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
12 / 07 / 2015

Transaction ID : **SA11.3099132**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **1593 HILLSTONE AVE**

City **ESCONDIDO** State **CA** Zip Code **92029-4331**

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

Name of Employer **GENERAL ATOMICS AERONAUTICAL** Occupation **PRESIDENT, GA ASI, ASG**

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
10 / 21 / 2015

Transaction ID : **SA11.3097992**

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

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

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

2600.00

2016020200033566

**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 235 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

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

Mailing Address **18104 S SUMMER AVE**

City **ARTESIA** State **CA** Zip Code **90701-3913**

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: **2150.00**

Date of Receipt: **12 / 03 / 2015**

Transaction ID : **SA11.3099046**

Amount of Each Receipt this Period
300.00
CONTRIBUTION

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

Mailing Address **18104 S SUMMER AVE**

City **ARTESIA** State **CA** Zip Code **90701-3913**

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: **2150.00**

Date of Receipt: **12 / 21 / 2015**

Transaction ID : **SA11.3099462**

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CYNTHIA S. PADGETT

Mailing Address **111 CASTLEWOOD RD.**

City **BALTIMORE** State **MD** Zip Code **21210-1360**

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: **225.00**

Date of Receipt: **12 / 03 / 2015**

Transaction ID : **SA11.3099013**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

1900.00

2016020200033567

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 236 OF 516
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
<input type="checkbox"/> 14	<input type="checkbox"/> 11d
<input type="checkbox"/> 15	

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.

Full Name (Last, First, Middle Initial) MR. SHIH YUEN PAI		Date of Receipt MM / DD / YYYY 11 / 05 / 2015
Mailing Address 64-14 79TH STREET		Transaction ID : SA11.3098177
City MIDDLE VILLAGE	State NY	Zip Code 11379-2348
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) MR. FOXHALL A. PARKER		Date of Receipt MM / DD / YYYY 11 / 13 / 2015
Mailing Address 205 HONEY HOLLOW ROAD		Transaction ID : SA11.3098479
City POUND RIDGE	State NY	Zip Code 10576-1109
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 200.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) MR. STEVE H. PATIENCE		Date of Receipt MM / DD / YYYY 12 / 18 / 2015
Mailing Address 3434 E. ELMWOOD		Transaction ID : SA11.3099297
City MESA	State AZ	Zip Code 85213-6222
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 600.00 CONTRIBUTION	
Name of Employer SKOUSEN, GULBRANDSEN & PATIENCE PLC	Occupation ATTORNEY	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

2016020200033568

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 237 OF 516
	(check only one)	
	<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)
MR. PHILIP K. PATTON

Mailing Address **30648 CHIHUAHUA VALLEY ROAD**

City **WARNER SPRINGS** State **CA** Zip Code **92086-9221**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
11 / 18 / 2015

Transaction ID : **SA11.3098632**

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID F. PAWLOWSKI

Mailing Address **P.O. BOX 1109**

City **MIDLAND** State **MI** Zip Code **48641-1109**

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 **400.00**

Date of Receipt
12 / 21 / 2015

Transaction ID : **SA11.3099461**

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CLAUDIO B. PEREIDA

Mailing Address **9 CALLE VERDADERO**

City **SAN CLEMENTE** State **CA** Zip Code **92673-7005**

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

Name of Employer **GENERAL ATOMICS** Occupation **EXECUTIVE VP**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
10 / 21 / 2015

Transaction ID : **SA11.3097983**

Amount of Each Receipt this Period
600.00
 CONTRIBUTION

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

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

850.00

2016020200033569

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 238 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) MR. SANFORD E. PERL		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address 570 LONGWOOD AVENUE		Transaction ID : SA11.3099394
City GLENCOE	State IL Zip Code 60022-1737	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 2700.00 CONTRIBUTION
Name of Employer KIRKLAND AND ELLIS	Occupation ATTORNEY	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

B. Full Name (Last, First, Middle Initial) MR. H. R. PEROT JR.		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address P.O. BOX 269014		Transaction ID : SA11.3097716
City PLANO	State TX Zip Code 75026-9014	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 2700.00 CONTRIBUTION
Name of Employer HILLWOOD DEVELOPMENT CO.	Occupation CHAIRMAN	[MEMO ITEM]
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

C. Full Name (Last, First, Middle Initial) MR. H. R. PEROT JR.		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address P.O. BOX 269014		Transaction ID : SA11.3097716B
City PLANO	State TX Zip Code 75026-9014	
FEC ID number of contributing federal political committee	C	Amount of Each Receipt this Period 2700.00 CONTRIBUTION
Name of Employer HILLWOOD DEVELOPMENT CO.	Occupation CHAIRMAN	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	

2016020200033570

**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 239 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. H. R. PEROT JR.

Mailing Address **P.O. BOX 269014**

City **PLANO** State **TX** Zip Code **75026-9014**

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

Name of Employer **HILLWOOD DEVELOPMENT CO.** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 19 / 2015**

Transaction ID : **SA11.3097921**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
DR. DAVID E. PIRRUNG

Mailing Address **4725 APACHE AVENUE**

City **JACKSONVILLE** State **FL** Zip Code **32210-7611**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt **10 / 06 / 2015**

Transaction ID : **SA11.3097761**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. LORA PLACIK

Mailing Address **2732 WOODLAND DRIVE**

City **NORTHBROOK** State **IL** Zip Code **60062-6528**

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 **300.00**

Date of Receipt **12 / 21 / 2015**

Transaction ID : **SA11.3099402**

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

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

400.00

2016020200033571

**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 240 OF 516	
	<input checked="" 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 type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
MR. LAWRENCE A. POBUDA

Mailing Address **8149 E. WINGSPAN WAY**

City **SCOTTSDALE** State **AZ** Zip Code **85255-6451**

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

Name of Employer: **THE OPUS GROUP** Occupation: **SENIOR VICE PRESIDENT OF DEVELOPEMEI**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **12 / 07 / 2015**

Transaction ID : **SA11.3099103**

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ALEC L. POINTEVINT II

Mailing Address **P.O. BOX 506**

City **BAINBRIDGE** State **GA** Zip Code **39818-0506**

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

Name of Employer: **SOUTHEASTERN MINERALS, INC.** Occupation: **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **2600.00**

Date of Receipt: **11 / 18 / 2015**

Transaction ID : **SA11.3098694**

Amount of Each Receipt this Period: **2600.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. DOREEN POINTEVINT

Mailing Address **P.O. BOX 506**

City **BAINBRIDGE** State **GA** Zip Code **39818-0506**

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

Name of Employer: **SELF-EMPLOYED** Occupation: **REAL ESTATE INVESTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **2600.00**

Date of Receipt: **11 / 18 / 2015**

Transaction ID : **SA11.3098692**

Amount of Each Receipt this Period: **2600.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **5450.00**

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

201602020200033572

**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 241 OF 516

<input checked="" 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 type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. GEROLD E. POKORNY

Mailing Address **1046 E BUENA VISTA DR**

City **TEMPE** State **AZ** Zip Code **85284-2402**

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 **665.00**

Date of Receipt **11 / 23 / 2015**
Transaction ID : **SA11.3098755**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LINDA POLACK

Mailing Address **5537 OLD STILL ROAD**

City **WAKE FOREST** State **NC** Zip Code **27587-9768**

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 **225.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : **SA11.3098314**

Amount of Each Receipt this Period
75.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. NANCY STAUFFER POLK

Mailing Address **1300 WINCH ROAD**

City **PORT DEPOSIT** State **MD** Zip Code **21904-2013**

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 **700.00**

Date of Receipt **11 / 16 / 2015**
Transaction ID : **SA11.3098524**

Amount of Each Receipt this Period
150.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **325.00**

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

2016020200033573

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 242 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MR. DICK POLLARD		Date of Receipt MM / DD / YYYY 12 / 22 / 2015
Mailing Address 6609 NORFOLK AVENUE		Transaction ID : SA11.3099334
City LUBBOCK	State TX	Zip Code 79413-5902
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 150.00	
Name of Employer POLLARD FRIENDLY FORD	Occupation AUTO DEALER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) MS. BERNADETTE E. POLLEY		Date of Receipt MM / DD / YYYY 12 / 22 / 2015
Mailing Address 1471 E. SONORAN DESERT DRIVE		Transaction ID : SA11.3099332
City TUCSON	State AZ	Zip Code 85737-9286
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MR. WAYNE C. POMEROY		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 136 W. MAIN STREET		Transaction ID : SA11.3098630
City MESA	State AZ	Zip Code 85201-
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 200.00	
Name of Employer POMEROY'S	Occupation MERCHANT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

201602020003357A

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

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

FOR LINE NUMBER: PAGE 243 OF 516

(check only one)

<input checked="" 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 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. MARION J. PORCH

Mailing Address **8633 WEST MCRAE WAY**

City **PEORIA** State **AZ** Zip Code **85382-8505**

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 **220.00**

Date of Receipt **11 / 13 / 2015**
Transaction ID : SA11.3098490

Amount of Each Receipt this Period
50.00
CONTRIBUTION

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

Mailing Address **875 BRYANT AVENUE**

City **WINNETKA** State **IL** Zip Code **60093-1903**

FEC ID number of contributing federal political committee **C**

Name of Employer **KIRKLAND & ELLIS** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **11 / 10 / 2015**
Transaction ID : SA11.3098381

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DOUG A. PRALL

Mailing Address **4729 E. SUNRISE DRIVE**

City **TUCSON** State **AZ** Zip Code **85718-4534**

FEC ID number of contributing federal political committee **C**

Name of Employer **H.D.S. INC.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **10 / 13 / 2015**
Transaction ID : SA11.3097847

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3750.00

2016020200033575

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 OF 516
(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)
MR. JACQUES A. PRINDIVILLE

Mailing Address **1550 WORCESTER ROAD UNIT 508**

City **FRAMINGHAM** State **MA** Zip Code **01702-8931**

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: **350.00**

Date of Receipt: **11 / 30 / 2015**

Transaction ID : **SA11.3098858**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM K. PURDY JR.

Mailing Address **15216 E. SUNBURST DR.**

City **FOUNTAIN HILLS** State **AZ** Zip Code **85268-3307**

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: **400.00**

Date of Receipt: **11 / 13 / 2015**

Transaction ID : **SA11.3098497**

Amount of Each Receipt this Period
200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EVERETT PYATT

Mailing Address **4560 N 25TH RD**

City **ARLINGTON** State **VA** Zip Code **22207-4147**

FEC ID number of contributing federal political committee: **C**

Name of Employer **US CIVIL SERVICE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **2800.00**

Date of Receipt: **12 / 31 / 2015**

Transaction ID : **SA11.3099786**

Amount of Each Receipt this Period
50.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

201602020200033576

**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 245 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MICHAEL QUADRINI

Mailing Address **3136 PLUM COURT**

City **ESCONDIDO** State **CA** Zip Code **92027-6729**

FEC ID number of contributing federal political committee **C**

Name of Employer **GENERAL ATOMICS ELECTROMAGNETICS** Occupation **HEAD OF PRODUCT LINE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3098348**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STANLEY A. RABIN

Mailing Address **24 DOWNS LAKE CIR**

City **DALLAS** State **TX** Zip Code **75230-1900**

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 **10 / 20 / 2015**

Transaction ID : **SA11.3098003**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SHON T. RASMUSSEN

Mailing Address **4368 E. HARWELL COURT**

City **GILBERT** State **AZ** Zip Code **85234-0144**

FEC ID number of contributing federal political committee **C**

Name of Employer **RWC GROUP** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **10 / 13 / 2015**

Transaction ID : **SA11.3097866**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

2016020200033577

**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 246 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. JOHN F. RASOR

Mailing Address **6038 EAST SUNNYSIDE DRIVE**

City **SCOTTSDALE** State **AZ** Zip Code **85254-4980**

FEC ID number of contributing federal political committee **C**

Name of Employer **WDP PARTNERS** Occupation **BUSINESSMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
12 / 07 / 2015

Transaction ID : **SA11.3099100**

Amount of Each Receipt this Period
5000.00
 CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED

B. Full Name (Last, First, Middle Initial)
NAYYER RAZAZAN

Mailing Address **2798 MILSTEAD WAY**

City **ROSEVILLE** State **CA** Zip Code **95661-4092**

FEC ID number of contributing federal political committee **C**

Name of Employer **HARVI CAR WASH** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : **SA11.3098884**

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KRISTI REMINGTON

Mailing Address **3313 N KENSINGTON ST**

City **ARLINGTON** State **VA** Zip Code **22207-1324**

FEC ID number of contributing federal political committee **C**

Name of Employer **WEST FRONT STRATEGIES** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
11 / 03 / 2015

Transaction ID : **SA11.3098352**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7500.00

201602020200033578

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 247 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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.

Full Name (Last, First, Middle Initial) MR. MATTHEW RETTNER		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 374 MCLEAN AVENUE		Transaction ID : SA11.3099109
City YONKERS	State NY	
Zip Code 10705-4522		Amount of Each Receipt this Period CONTRIBUTION 2600.00
FEC ID number of contributing federal political committee C		
Name of Employer RETTNER MANAGEMENT CORPORATION	Occupation ATTORNEY	CONTRIBUTION 5200.00
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) MR. MATTHEW RETTNER		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 374 MCLEAN AVENUE		Transaction ID : SA11.3099127
City YONKERS	State NY	
Zip Code 10705-4522		Amount of Each Receipt this Period CONTRIBUTION 2600.00
FEC ID number of contributing federal political committee C		
Name of Employer RETTNER MANAGEMENT CORPORATION	Occupation ATTORNEY	CONTRIBUTION 5200.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) MR. JAMES M. REYNOLDS III		Date of Receipt MM / DD / YYYY 12 / 17 / 2015
Mailing Address 2561 LAKE OCONEE PARKWAY		Transaction ID : SA11.3099241
City GREENSBORO	State GA	
Zip Code 30642-3305		Amount of Each Receipt this Period CONTRIBUTION 500.00
FEC ID number of contributing federal political committee C		
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE	CONTRIBUTION 500.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

201602020200033579

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 516
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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. JAMES MADISON REYNOLDS IV

Mailing Address **2561 LAKE OCONEE PARKWAY**

City **GREENSBORO** State **GA** Zip Code **30642-3305**

FEC ID number of contributing federal political committee **C**

Name of Employer **EXPLORADOR CAPITAL MANAGEMENT** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
12 / 07 / 2015

Transaction ID : **SA11.3099129**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES MADISON REYNOLDS IV

Mailing Address **2561 LAKE OCONEE PARKWAY**

City **GREENSBORO** State **GA** Zip Code **30642-3305**

FEC ID number of contributing federal political committee **C**

Name of Employer **EXPLORADOR CAPITAL MANAGEMENT** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
12 / 17 / 2015

Transaction ID : **SA11.3099244**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. PATRICIA C. RICE

Mailing Address **3922 ANTIGUA DRIVE**

City **DALLAS** State **TX** Zip Code **75244-6605**

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 **400.00**

Date of Receipt
11 / 13 / 2015

Transaction ID : **SA11.3098470**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

201602020200033580

**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 249 OF 516
	<input checked="" 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 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. CATHERINE E. RIES

Mailing Address **5176 N. FAIRWAY HEIGHTS DR.**

City **TUCSON** State **AZ** Zip Code **85749-7131**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **TUCSON ELECTRIC POWER** Occupation: **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **10 / 13 / 2015**

Transaction ID : **SA11.3097849**

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. J. ROBERT RIES

Mailing Address **5176 N. FAIRWAY HEIGHTS DR.**

City **TUCSON** State **AZ** Zip Code **85749-7131**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **TUCSON ELECTRIC POWER** Occupation: **VP HUMAN RESOURCES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **10 / 13 / 2015**

Transaction ID : **SA11.3097868**

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN RITCHIE

Mailing Address **884 BLUFF**

City **GLENCOE** State **IL** Zip Code **60022-1573**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **KIRKLAND & ELLIS** Occupation: **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1500.00**

Date of Receipt: **11 / 10 / 2015**

Transaction ID : **SA11.3098405**

Amount of Each Receipt this Period: **1500.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

2016020200033581

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 OF 516
(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)
MS. LIZ ROBBINS

Mailing Address **60 EAST 42ND STREET STE. 856**

City **NEW YORK** State **NY** Zip Code **10165-0858**

FEC ID number of contributing federal political committee **C**

Name of Employer **LIZ ROBBINS ASSOCIATES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **11 / 13 / 2015**

Transaction ID : **SA11.3098451**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHANNING R. ROBERTSON

Mailing Address **1089 VERNIER PLACE**

City **STANFORD** State **CA** Zip Code **94305-1006**

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 **5400.00**

Date of Receipt **10 / 28 / 2015**

Transaction ID : **SA11.3098091**

Amount of Each Receipt this Period
5400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHANNING R. ROBERTSON

Mailing Address **1089 VERNIER PLACE**

City **STANFORD** State **CA** Zip Code **94305-1006**

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 **5400.00**

Date of Receipt **10 / 28 / 2015**

Transaction ID : **SA11.3098091B**

Amount of Each Receipt this Period
-2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5900.00

2016020200033582

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 OF 516
(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)
MR. CHANNING R. ROBERTSON

Mailing Address **1089 VERNIER PLACE**

City **STANFORD** State **CA** Zip Code **94305-1006**

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 **5400.00**

Date of Receipt **10 / 28 / 2015**

Transaction ID : **SA11.3098097**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. DAVID ROBERTS

Mailing Address **10520 E. WETHERSFIELD ROAD**

City **SCOTTSDALE** State **AZ** Zip Code **85259-2410**

FEC ID number of contributing federal political committee **C**

Name of Employer **AMERICAN TRAFFIC SOLUTIONS** Occupation **PRESIDENT & C.O.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **10 / 27 / 2015**

Transaction ID : **SA11.3098084**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. DONNA D. ROBERTSON

Mailing Address **1089 VERNIER PLACE**

City **STANFORD** State **CA** Zip Code **94305-1006**

FEC ID number of contributing federal political committee **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 28 / 2015**

Transaction ID : **SA11.3098090**

Amount of Each Receipt this Period
5400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6400.00

2016020200033583

**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 252 OF 516
	<input checked="" 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 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. DONNA D. ROBERTSON

Mailing Address **1089 VERNIER PLACE**

City **STANFORD** State **CA** Zip Code **94305-1006**

FEC ID number of contributing federal political committee **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 28 / 2015**

Transaction ID : **SA11.309890B**

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MRS. DONNA D. ROBERTSON

Mailing Address **1089 VERNIER PLACE**

City **STANFORD** State **CA** Zip Code **94305-1006**

FEC ID number of contributing federal political committee **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 28 / 2015**

Transaction ID : **SA11.3098095**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. JACK H. ROBERTS

Mailing Address **1110 WILSON HOLLOW ROAD**

City **WAITSBURG** State **WA** Zip Code **99361-8790**

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 **450.00**

Date of Receipt **11 / 19 / 2015**

Transaction ID : **SA11.3098733**

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

2016020200033584

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 OF 516
(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)
MS. KRISTEN ROBISON

Mailing Address **3918 E. MCLELLAN**

City **MESA** State **AZ** Zip Code **85205-3810**

FEC ID number of contributing federal political committee **C**

Name of Employer **SELF-EMPLOYED** Occupation **ENTREPRENEUR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : **SA11.3099281**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD K. ROEDER

Mailing Address **11150 SANTA MONICA BLVD. SUITE 750**

City **LOS ANGELES** State **CA** Zip Code **90025-0528**

FEC ID number of contributing federal political committee **C**

Name of Employer **VANCE STREET CAPITAL LLC** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **12 / 08 / 2015**

Transaction ID : **SA11.3099162**

Amount of Each Receipt this Period
200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ED M. ROGERS

Mailing Address **601 THIRTEENTH STREET, NW
11THE FLOOR SOUT**

City **WASHINGTON** State **DC** Zip Code **20005-3807**

FEC ID number of contributing federal political committee **C**

Name of Employer **BARBOUR, GRIFFITH AND ROGERS, L.L.C.** Occupation **GOVERNMENT RELATIONS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **10 / 22 / 2015**

Transaction ID : **SA11.3098439**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION
IN-KIND CATERING

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3400.00

2016020200033585

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 OF 516
(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)
MRS. EDWINA C. ROGERS

Mailing Address **601 THIRTEENTH STREET, NW
11THE FLOOR SOUT**

City **WASHINGTON** State **DC** Zip Code **20005-3807**

FEC ID number of contributing federal political committee **C**

Name of Employer **E.R.I.S.A.** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **142.00**

Date of Receipt
10 / 22 / 2015

Transaction ID : **SA11.3098441**

Amount of Each Receipt this Period
142.00

CONTRIBUTION

IN KIND CATERING

B. Full Name (Last, First, Middle Initial)
MR. JORDAN J. ROSE

Mailing Address **5630 E. NAUNI VALLEY DR.**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-5125**

FEC ID number of contributing federal political committee **C**

Name of Employer **ROSE LAW GROUP** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
12 / 07 / 2015

Transaction ID : **SA11.3099121**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARK G. ROSE

Mailing Address **9909 WINECREST RD**

City **SAN DIEGO** State **CA** Zip Code **92127-3722**

FEC ID number of contributing federal political committee **C**

Name of Employer **GENERAL ATOMICS** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
10 / 19 / 2015

Transaction ID : **SA11.3097953**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1142.00**

TOTAL This Period (last page this line number only).....

2016020200033586

**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 255 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. DAVID ROSENZWEIG

Mailing Address **10 BALSAM CT**

City **BEDFORD** State **NH** Zip Code **03110-4855**

FEC ID number of contributing federal political committee **C**

Name of Employer **VERIZON** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 12 / 03 / 2015

Transaction ID : SA11.3099049

Amount of Each Receipt this Period
25.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. IAN KURT ROSEN

Mailing Address **440 MID OAK DRIVE**

City **NORTH MUSKEGON** State **MI** Zip Code **49445-2726**

FEC ID number of contributing federal political committee **C**

Name of Employer **AMERICAN GREASE STICK CO.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 11 / 17 / 2015

Transaction ID : SA11.3098571

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD ROSENSTEIN

Mailing Address **25 EAST SUPERIOR STREET #3405**

City **CHICAGO** State **IL** Zip Code **60611-2591**

FEC ID number of contributing federal political committee **C**

Name of Employer **ROSENSTEIN LAW OFFICES, P.C.** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 11 / 10 / 2015

Transaction ID : SA11.3098403

Amount of Each Receipt this Period
750.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

875.00

2016020200033587

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 OF 516
(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)
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 **5400.00**

Date of Receipt **10 / 19 / 2015**
Transaction ID : SA11.3097957

Amount of Each Receipt this Period
200.00
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 TRAUIG** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 19 / 2015**
Transaction ID : SA11.3097957B

Amount of Each Receipt this Period
-100.00
CONTRIBUTION
(MEMO ITEM)
REDESIGNATION TO GENERAL

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 TRAUIG** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 19 / 2015**
Transaction ID : SA11.3098159

Amount of Each Receipt this Period
100.00
CONTRIBUTION
(MEMO ITEM)
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional)..... **200.00**

TOTAL This Period (last page this line number only).....

2016020200033588

**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 257 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
XUAN ROSEN

Mailing Address **15743 E. TUMBLEWEED DRIVE**

City **FOUNTAIN HILLS** State **AZ** Zip Code **85268-3640**

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 **10 / 27 / 2015**

Transaction ID : **SA11.3098079**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JEFFREY C. ROYER

Mailing Address **P.O. BOX 6210**

City **TORONTO, ON, M5W 1** State **FF** Zip Code **99999-**

FEC ID number of contributing federal political committee **C**

Name of Employer **SELF-EMPLOYED** Occupation **PRIVATE INVESTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : **SA11.3099099**

Amount of Each Receipt this Period
1700.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. MARGARET RUBACH

Mailing Address **41 W WILLETTA ST APT 1**

City **PHOENIX** State **AZ** Zip Code **85003-1235**

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 **277.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099790**

Amount of Each Receipt this Period
277.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2977.00

2016020200033589

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 OF 516
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MRS. RUTH A. RUS

Mailing Address **3813 E. AMELIA AVE**

City **PHOENIX** State **AZ** Zip Code **85018-5207**

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 **5400.00**

Date of Receipt
 MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **SA11.3097398**

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MRS. RUTH A. RUS

Mailing Address **3813 E. AMELIA AVE**

City **PHOENIX** State **AZ** Zip Code **85018-5207**

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 **5400.00**

Date of Receipt
 MM / DD / YYYY
10 / 19 / 2015

Transaction ID : **SA11.3097398B**

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MRS. RUTH A. RUS

Mailing Address **3813 E. AMELIA AVE**

City **PHOENIX** State **AZ** Zip Code **85018-5207**

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 **5400.00**

Date of Receipt
 MM / DD / YYYY
10 / 19 / 2015

Transaction ID : **SA11.3097927**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

2016020200033590

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 259 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
MR. DANIEL JOSEPH RYAN

Mailing Address **25 BYRON ST**

City **WATERBURY** State **CT** Zip Code **06704-1702**

FEC ID number of contributing federal political committee **C**

Name of Employer **RETIRED** Occupation **TAX ACCOUNTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3098303**

Amount of Each Receipt this Period
50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT S. RYAN

Mailing Address **6515 E. NISBET RD**

City **SCOTTSDALE** State **AZ** Zip Code **85254-2618**

FEC ID number of contributing federal political committee **C**

Name of Employer **ROBERT S. RYAN, P.C.** Occupation **DESIGNATED BROKER/R.E.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : **SA11.3099263**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JUAN SABATER

Mailing Address **40 EAST 80TH STREET, #20A**

City **NEW YORK** State **NY** Zip Code **10075-0590**

FEC ID number of contributing federal political committee **C**

Name of Employer **AUGEO MARKETING** Occupation **CO-CHAIR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 14 / 2015**

Transaction ID : **SA11.3097894**

Amount of Each Receipt this Period
5400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6450.00

2016020200033591

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 OF 516
(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)
MR. JUAN SABATER

Mailing Address **40 EAST 80TH STREET, #20A**

City **NEW YORK** State **NY** Zip Code **10075-0590**

FEC ID number of contributing federal political committee **C**

Name of Employer **AUGEO MARKETING** Occupation **CO-CHAIR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 MM / DD / YYYY
10 / 19 / 2015

Transaction ID : **SA11.3097894B**

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. JUAN SABATER

Mailing Address **40 EAST 80TH STREET, #20A**

City **NEW YORK** State **NY** Zip Code **10075-0590**

FEC ID number of contributing federal political committee **C**

Name of Employer **AUGEO MARKETING** Occupation **CO-CHAIR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 MM / DD / YYYY
10 / 19 / 2015

Transaction ID : **SA11.3097910**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. RAY SABO

Mailing Address **25 VILLAGE WAY**

City **IRVINE** State **CA** Zip Code **92603-0217**

FEC ID number of contributing federal political committee **C**

Name of Employer **OC DENTAL CORP.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 MM / DD / YYYY
12 / 21 / 2015

Transaction ID : **SA11.3099423**

Amount of Each Receipt this Period
900.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

2016020200033592

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 OF 516
(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	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. RAY SABO

Mailing Address **25 VILLAGE WAY**

City **IRVINE** State **CA** Zip Code **92603-0217**

FEC ID number of contributing federal political committee **C**

Name of Employer **OC DENTAL CORP.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **12 / 21 / 2015**

Transaction ID : **SA11.3099423B**

Amount of Each Receipt this Period
-800.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. RAY SABO

Mailing Address **25 VILLAGE WAY**

City **IRVINE** State **CA** Zip Code **92603-0217**

FEC ID number of contributing federal political committee **C**

Name of Employer **OC DENTAL CORP.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **12 / 21 / 2015**

Transaction ID : **SA11.3099648**

Amount of Each Receipt this Period
800.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
SIMIN SABO

Mailing Address **25 VILLAGE WAY**

City **IRVINE** State **CA** Zip Code **92603-0217**

FEC ID number of contributing federal political committee **C**

Name of Employer **OC DENTAL CORP.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt **12 / 21 / 2015**

Transaction ID : **SA11.3099424**

Amount of Each Receipt this Period
1100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

2016020200033593

**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 262 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial) DR. SEYED SAJADI		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 14404 ENGLAND STREET		Transaction ID : SA11.3098888
City OVERLAND PARK	State Zip Code KS 66221-2237	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 5400.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

B. Full Name (Last, First, Middle Initial) DR. SEYED SAJADI		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 14404 ENGLAND STREET		Transaction ID : SA11.3098888B
City OVERLAND PARK	State Zip Code KS 66221-2237	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period -2700.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

C. Full Name (Last, First, Middle Initial) DR. SEYED SAJADI		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 14404 ENGLAND STREET		Transaction ID : SA11.3098924
City OVERLAND PARK	State Zip Code KS 66221-2237	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 2700.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	

201602020200033594

**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 263 OF 516
	<input checked="" 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 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. NANCY P. N. SANANIKONE

Mailing Address **1167 20TH AVENUE**

City **HONOLULU** State **HI** Zip Code **96816-4649**

FEC ID number of contributing federal political committee: **C**

Name of Employer **KEO ENTERPRISES, INC.** Occupation **SEMI RETIRED AND INVESTOR**

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
12 / 21 / 2015

Transaction ID : SA11.3099392

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEFFREY SANDQUIST

Mailing Address **9451 E. TRAILSIDE VIEW**

City **SCOTTSDALE** State **AZ** Zip Code **85255-6009**

FEC ID number of contributing federal political committee: **C**

Name of Employer **VERIDUS LLC** Occupation **DIRECTOR**

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
10 / 27 / 2015

Transaction ID : SA11.3098053

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BYRON SARHANGIAN

Mailing Address **ONE ARIZONA CENTER**

City **PHOENIX** State **AZ** Zip Code **85004-2280**

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: **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11.3099094

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1850.00

2016020200033595

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 OF 516
(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)
MRS. PENNY J. SARVER

Mailing Address **5710 N. YUCCA RD**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-5253**

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 **5300.00**

Date of Receipt
12 / 07 / 2015

Transaction ID : **SA11.3099110**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. PENNY J. SARVER

Mailing Address **5710 N. YUCCA RD**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-5253**

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 **5300.00**

Date of Receipt
12 / 07 / 2015

Transaction ID : **SA11.3099110B**

Amount of Each Receipt this Period
-2600.00
CONTRIBUTION
**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
MRS. PENNY J. SARVER

Mailing Address **5710 N. YUCCA RD**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-5253**

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 **5300.00**

Date of Receipt
12 / 07 / 2015

Transaction ID : **SA11.3099180**

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).....

2700.00

2016020200033596

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 OF 516
(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)
MR. GEORGE A. SAWYER

Mailing Address **404 NORTH UNION STREET
SUITE 607**

City **ALEXANDRIA** State **VA** Zip Code **22314-2304**

FEC ID number of contributing federal political committee **C**

Name of Employer **SAWYER WEEMS LLC** Occupation **EXECUTIVE CONSULTANT - MANAGING PA**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
11 / 03 / 2015

Transaction ID : **SA11.3098336**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GEORGE A. SAWYER

Mailing Address **404 NORTH UNION STREET
SUITE 607**

City **ALEXANDRIA** State **VA** Zip Code **22314-2304**

FEC ID number of contributing federal political committee **C**

Name of Employer **SAWYER WEEMS LLC** Occupation **EXECUTIVE CONSULTANT - MANAGING PA**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
12 / 31 / 2015

Transaction ID : **SA11.3099691**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN E. SCHLANG

Mailing Address **P.O. BOX 173**

City **NORTHWOOD** State **NH** Zip Code **03261-0173**

FEC ID number of contributing federal political committee **C**

Name of Employer **SANBORN MILLS FARM** Occupation **HORSE TRAINER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : **SA11.3098844**

Amount of Each Receipt this Period
60.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

260.00

2016020200033597

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 266 OF 516	
(check only one)			
<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial) MR. MARK EDWARD SCHNEPF		Date of Receipt MM / DD / YYYY 12 / 03 / 2015	
Mailing Address 22601 E. CLOUD RD		Transaction ID : SA11.3099033	
City QUEEN CREEK	State AZ	Zip Code 85142-9556	Amount of Each Receipt this Period 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee C	Name of Employer SELF-EMPLOYED	Occupation FARMER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) HOWARD H. SCHULTZ		Date of Receipt MM / DD / YYYY 12 / 21 / 2015	
Mailing Address 9241 LBJ FREEWAY		Transaction ID : SA11.3099405	
City DALLAS	State TX	Zip Code 75243-3478	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee C	Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) MR. JEFFREY A. SCUDDER		Date of Receipt MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 3734 E. PICCADILLY RD		Transaction ID : SA11.3099102	
City PHOENIX	State AZ	Zip Code 85018-5133	Amount of Each Receipt this Period 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee C	Name of Employer SNELL & WILMER L.L.P.	Occupation ATTORNEY	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

201602020200033598

**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 267 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. JAMES C. SEAT

Mailing Address **13783 PASEO VALLE ALTO**

City **POWAY** State **CA** Zip Code **92064-2174**

FEC ID number of contributing federal political committee **C**

Name of Employer **GENERAL ATOMICS AERONAUTICAL SYSTE** Occupation **VICE PRESIDENT PROGRAMS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **10 / 21 / 2015**

Transaction ID : **SA11.3097994**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FARIDEH SEDIGHI

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 **CISCO SYSTEMS** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **12 / 03 / 2015**

Transaction ID : **SA11.3098957**

Amount of Each Receipt this Period
2800.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FARIDEH SEDIGHI

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 **CISCO SYSTEMS** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **12 / 03 / 2015**

Transaction ID : **SA11.3098957B**

Amount of Each Receipt this Period
-2700.00
CONTRIBUTION
**[MEMO ITEM]
REDESIGNATION TO GENERAL**

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3300.00

2016020200033599

**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 268 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
FARIDEH SEDIGHI

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 **CISCO SYSTEMS** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 03 / 2015

Transaction ID : SA11.3099052

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. JOHN H. SEITER

Mailing Address **335 W BELLEVUE DRIVE**

City **PASADENA** State **CA** Zip Code **91105-1804**

FEC ID number of contributing federal political committee **C**

Name of Employer **NA** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1350.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 03 / 2015

Transaction ID : SA11.3098349

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID SENIOR

Mailing Address **3810 E. KNOLL ST.**

City **MESA** State **AZ** Zip Code **85215-2348**

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
 M M / D D / Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11.3099278

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

2016020200033600

**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 269 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial) MR. JERROLD K. SENSER		Date of Receipt MM / DD / YYYY 11 / 10 / 2015
Mailing Address 55 S. DEERE PARK DR.		Transaction ID : SA11.3098380
City HIGHLAND PARK	State Zip Code IL 60035-5370	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 1500.00
Name of Employer INSTITUTIONAL CAPITAL	Occupation SECURITY ANALYST	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

B. Full Name (Last, First, Middle Initial) MRS. REBEKAH SHALIT		Date of Receipt MM / DD / YYYY 11 / 10 / 2015
Mailing Address 30 W. OAK STREET APT. 16A		Transaction ID : SA11.3098387
City CHICAGO	State Zip Code IL 60610-8724	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 1000.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) MS. FLORENCE D. SHAPIRO		Date of Receipt MM / DD / YYYY 11 / 03 / 2015
Mailing Address 2156 FAWNWOOD DR.		Transaction ID : SA11.3098359
City PLANO	State Zip Code TX 75093-1302	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 1000.00
Name of Employer THE SHAPIRO GROUP	Occupation PUBLIC POLICY CONSULTANT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

2016020200033601

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 OF 516
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
KEITH SHAPIRO

Mailing Address **280 CEDAR AVENUE**

City **HIGHLAND PARK** State **IL** Zip Code **60035-4138**

FEC ID number of contributing federal political committee **C**

Name of Employer **GREENBERG TRAUIG, LLP** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt **12 / 03 / 2015**

Transaction ID : **SA11.3098967**

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RHOD SHAW

Mailing Address **230 W WINDSOR AVENUE**

City **ALEXANDRIA** State **VA** Zip Code **22301-1518**

FEC ID number of contributing federal political committee **C**

Name of Employer **ALPINE GROUP** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3098353**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVENS K. SHEGRUD

Mailing Address **P.O. BOX 11730**

City **ST. THOMAS** State **VI** Zip Code **00801-4730**

FEC ID number of contributing federal political committee **C**

Name of Employer **HIDTA** Occupation **CONTRACTOR LAW ENFORCEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 03 / 2015**

Transaction ID : **SA11.3098968**

Amount of Each Receipt this Period
50.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2050.00

2016020200033602

**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 271 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. STEVENS K. SHEGRUD

Mailing Address **P.O. BOX 11730**

City **ST. THOMAS** State **VI** Zip Code **00801-4730**

FEC ID number of contributing federal political committee: **C**

Name of Employer **HIDTA** Occupation **CONTRACTOR LAW ENFORCEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **12 / 21 / 2015**

Transaction ID : **SA11.3099387**

Amount of Each Receipt this Period: **50.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FREDERICK SHELL

Mailing Address **5599 GREAT HAWK CIRCLE**

City **ANN ARBOR** State **MI** Zip Code **48105-9583**

FEC ID number of contributing federal political committee: **C**

Name of Employer **DTE ENERGY** Occupation **VP GOVERNMENT AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **12 / 07 / 2015**

Transaction ID : **SA11.3099065**

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GREGORY S. SHELTON

Mailing Address **P.O. BOX 35070**

City **TUCSON** State **AZ** Zip Code **85740-5070**

FEC ID number of contributing federal political committee: **C**

Name of Employer **SELF-EMPLOYED** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **10 / 27 / 2015**

Transaction ID : **SA11.3098058**

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

201602020200033603

**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 272 OF 516	
	<input checked="" 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 type="checkbox"/> 15

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. JAVEED SHENASI

Mailing Address **6319 ANTLER CT.**

City **STOCKTON** State **CA** Zip Code **95219-7204**

FEC ID number of contributing federal political committee **C**

Name of Employer **CALIFORNIA DEPARTMENT OF TRANSPORT** Occupation **TRANSPORTATION ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : **SA11.3099650**

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAVEED SHENASI

Mailing Address **6319 ANTLER CT.**

City **STOCKTON** State **CA** Zip Code **95219-7204**

FEC ID number of contributing federal political committee **C**

Name of Employer **CALIFORNIA DEPARTMENT OF TRANSPORT** Occupation **TRANSPORTATION ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : **SA11.3099650B**

Amount of Each Receipt this Period
-100.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. JAVEED SHENASI

Mailing Address **6319 ANTLER CT.**

City **STOCKTON** State **CA** Zip Code **95219-7204**

FEC ID number of contributing federal political committee **C**

Name of Employer **CALIFORNIA DEPARTMENT OF TRANSPORT** Occupation **TRANSPORTATION ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : **SA11.3099652**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

201602020200033604

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 OF 516

(check only one)

<input checked="" 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 type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
SIMIN SHENASI

Mailing Address **6319 ANTLER CT.**

City **STOCKTON** State **CA** Zip Code **95219-7204**

FEC ID number of contributing federal political committee **C**

Name of Employer **CALIFORNIA DEPARTMENT OF TRANSPORT** Occupation **TRANSPORTATION ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt

MM	DD	YYYY
12	21	2015

Transaction ID : **SA11.3099367**

Amount of Each Receipt this Period

CONTRIBUTION	200.00
--------------	--------

B. Full Name (Last, First, Middle Initial)
SIMIN SHENASI

Mailing Address **6319 ANTLER CT.**

City **STOCKTON** State **CA** Zip Code **95219-7204**

FEC ID number of contributing federal political committee **C**

Name of Employer **CALIFORNIA DEPARTMENT OF TRANSPORT** Occupation **TRANSPORTATION ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt

MM	DD	YYYY
12	21	2015

Transaction ID : **SA11.3099649**

Amount of Each Receipt this Period

CONTRIBUTION	1100.00
--------------	---------

C. Full Name (Last, First, Middle Initial)
MS. VIRGINIA P. SHIELDS

Mailing Address **6740 EPPING FOREST WAY N. #107**

City **JACKSONVILLE** State **FL** Zip Code **32217-2676**

FEC ID number of contributing federal political committee **C**

Name of Employer **COPYTRONICS INFORMATION SYSTEMS** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt

MM	DD	YYYY
12	07	2015

Transaction ID : **SA11.3099080**

Amount of Each Receipt this Period

CONTRIBUTION	200.00
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SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

2016020200033605

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 OF 516

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e	<input type="checkbox"/> 11f
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. MARK R. SHILL

Mailing Address **3453 E. FAIRFIELD**

City **MESA** State **AZ** Zip Code **85213-5528**

FEC ID number of contributing federal political committee: **C**

Name of Employer **FARNSWORTH WHOLESALE SUPPLY** Occupation **WHOLESALE/PLUMBING**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **2700.00**

Date of Receipt: **12 / 18 / 2015**

Transaction ID : **SA11.3099270**

Amount of Each Receipt this Period: **2700.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. CAROLYN SHOCKEY

Mailing Address **3630 E. INDIGO CR.**

City **MESA** State **AZ** Zip Code **85205-3819**

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: **500.00**

Date of Receipt: **12 / 18 / 2015**

Transaction ID : **SA11.3099276**

Amount of Each Receipt this Period: **500.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ED SHOCKLEY

Mailing Address **8390 S THORNE MINE LN**

City **GOLD CANYON** State **AZ** Zip Code **85118-5115**

FEC ID number of contributing federal political committee: **C**

Name of Employer **CPMG/CIMLINE PAVEMENT MAINTENANCE** Occupation **REGIONAL SALES MGR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **550.00**

Date of Receipt: **12 / 18 / 2015**

Transaction ID : **SA11.3099288**

Amount of Each Receipt this Period: **550.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3700.00

2016020200033606

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 OF 516
(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)
MR. ED SHOCKLEY

Mailing Address **8390 S THORNE MINE LN**

City **GOLD CANYON** State **AZ** Zip Code **85118-5115**

FEC ID number of contributing federal political committee **C**

Name of Employer **CPMG/CIMLINE PAVEMENT MAINTENANCE** Occupation **REGIONAL SALES MGR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
12 / 31 / 2015

Transaction ID : **SA11.3099741**

Amount of Each Receipt this Period
50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GWYNNE SHOTWELL

Mailing Address **18 BUCKSKIN LN.**

City **ROLLING HILLS ESTA** State **CA** Zip Code **90274-4205**

FEC ID number of contributing federal political committee **C**

Name of Employer **SPACE X** Occupation **PRESIDENT/COO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
11 / 03 / 2015

Transaction ID : **SA11.3098364**

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GWYNNE SHOTWELL

Mailing Address **18 BUCKSKIN LN.**

City **ROLLING HILLS ESTA** State **CA** Zip Code **90274-4205**

FEC ID number of contributing federal political committee **C**

Name of Employer **SPACE X** Occupation **PRESIDENT/COO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
11 / 03 / 2015

Transaction ID : **SA11.3098364B**

Amount of Each Receipt this Period
-2300.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5050.00

2016020200033607

**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 276 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
GWYNNE SHOTWELL

Mailing Address **18 BUCKSKIN LN.**

City **ROLLING HILLS ESTA** State **CA** Zip Code **90274-4205**

FEC ID number of contributing federal political committee **C**

Name of Employer **SPACEX** Occupation **PRESIDENT/COO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3099519**

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MRS. CHARLOTTE SHULTZ

Mailing Address **434 GALVEZ MALL
ROOM 239**

City **STANFORD** State **CA** Zip Code **94305-6003**

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 **3500.00**

Date of Receipt **10 / 21 / 2015**

Transaction ID : **SA11.3098162**

Amount of Each Receipt this Period
3500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CHARLOTTE SHULTZ

Mailing Address **434 GALVEZ MALL
ROOM 239**

City **STANFORD** State **CA** Zip Code **94305-6003**

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 **3500.00**

Date of Receipt **10 / 21 / 2015**

Transaction ID : **SA11.3098162B**

Amount of Each Receipt this Period
-800.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

201602020200033608

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 OF 516
(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)
MRS. CHARLOTTE SHULTZ

Mailing Address **434 GALVEZ MALL
ROOM 239**

City **STANFORD** State **CA** Zip Code **94305-6003**

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 **3500.00**

Date of Receipt
10 / 21 / 2015

Transaction ID : **SA11.3098166**

Amount of Each Receipt this Period
800.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
HON. GEORGE P. SHULTZ

Mailing Address **434 GALVEZ MALL
ROOM 239**

City **STANFORD** State **CA** Zip Code **94305-**

FEC ID number of contributing federal political committee **C**

Name of Employer **HOOVER INSTITUTION** Occupation **DISTINGUISHED FELLOW**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
10 / 21 / 2015

Transaction ID : **SA11.3098163**

Amount of Each Receipt this Period
1900.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HON. GEORGE P. SHULTZ

Mailing Address **434 GALVEZ MALL
ROOM 239**

City **STANFORD** State **CA** Zip Code **94305-**

FEC ID number of contributing federal political committee **C**

Name of Employer **HOOVER INSTITUTION** Occupation **DISTINGUISHED FELLOW**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
10 / 21 / 2015

Transaction ID : **SA11.3098163B**

Amount of Each Receipt this Period
1900.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1900.00

2016020200033609

**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 278 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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)
HON. GEORGE P. SHULTZ

Mailing Address **434 GALVEZ MALL
ROOM 239**

City **STANFORD** State **CA** Zip Code **94305-**

FEC ID number of contributing federal political committee **C**

Name of Employer **HOOVER INSTITUTION** Occupation **DISTINGUISHED FELLOW**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **10 / 21 / 2015**

Transaction ID : **SA11.3098164**

Amount of Each Receipt this Period
1900.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
MR. MEL L. SHULTZ

Mailing Address **27 BILTMORE ESTATES**

City **PHOENIX** State **AZ** Zip Code **85016-2823**

FEC ID number of contributing federal political committee **C**

Name of Employer **JDM PARTNERS LLC** Occupation **PRIVATE INVESTIGATOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : **SA11.3099114**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID D. SIMMONS

Mailing Address **5821 OLENTANGY BOULEVARD**

City **WORTHINGTON** State **OH** Zip Code **43085-3828**

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 **400.00**

Date of Receipt **11 / 24 / 2015**

Transaction ID : **SA11.3098794**

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

2016020200033610

**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 279 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. J. WILLIAM SINNOTT

Mailing Address **10100 N. ALDER SPRINGS DR.**

City **ORO VALLEY** State **AZ** Zip Code **85737-9494**

FEC ID number of contributing federal political committee **C**

Name of Employer **D L RYAN COMPANIES CO.** Occupation **DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : **SA11.3098878**

Amount of Each Receipt this Period **500.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. LYDIA B. SLOAN

Mailing Address **2886 WAVERLEY STREET**

City **PALO ALTO** State **CA** Zip Code **94306-2442**

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 **355.00**

Date of Receipt **11 / 23 / 2015**

Transaction ID : **SA11.3098774**

Amount of Each Receipt this Period **50.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DONALD A. SMITH JR.

Mailing Address **37029 N. ROMPING ROAD
P.O. BOX 5315**

City **CAREFREE** State **AZ** Zip Code **85377-**

FEC ID number of contributing federal political committee **C**

Name of Employer **COPPER POINT MUTUAL** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : **SA11.3099108**

Amount of Each Receipt this Period **2700.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

2016020200033611

**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 280 OF 516
	<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)
MR. KEN SMITH

Mailing Address **4122 E. MCLELLAN #7**

City **MESA** State **AZ** Zip Code **85205-3108**

FEC ID number of contributing federal political committee **C**

Name of Employer **SMITH ALSTON** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : **SA11.3099268**

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KEN SMITH

Mailing Address **4122 E. MCLELLAN #7**

City **MESA** State **AZ** Zip Code **85205-3108**

FEC ID number of contributing federal political committee **C**

Name of Employer **SMITH ALSTON** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099268B**

Amount of Each Receipt this Period
-300.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. KEN SMITH

Mailing Address **4122 E. MCLELLAN #7**

City **MESA** State **AZ** Zip Code **85205-3108**

FEC ID number of contributing federal political committee **C**

Name of Employer **SMITH ALSTON** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099627**

Amount of Each Receipt this Period
300.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

2016020200033612

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 OF 516
(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)
MR. LYNDON W. SMITH

Mailing Address **841 S. 54TH CIRCLE**

City **MESA** State **AZ** Zip Code **85206-2972**

FEC ID number of contributing federal political committee **C**

Name of Employer **BIO HUMA METICS INC.** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 18 / 2015**
Transaction ID : **SA11.3099273**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. M. JO SMITH

Mailing Address **2655 E. CAMINO JUAN PAISANO**

City **TUCSON** State **AZ** Zip Code **85718-4200**

FEC ID number of contributing federal political committee **C**

Name of Employer **TUCSON ELECTRIC POWER** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **10 / 13 / 2015**
Transaction ID : **SA11.3097857**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. THOMAS V. SOLLAS JR.

Mailing Address **79 BAY POINT HARBOUR**

City **POINT PLEASANT BOR** State **NJ** Zip Code **08742-5509**

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 **11 / 17 / 2015**
Transaction ID : **SA11.3098609**

Amount of Each Receipt this Period
200.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **950.00**

TOTAL This Period (last page this line number only).....

2016020200033613

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 OF 516
(check only one)

<input checked="" 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 type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. HASSAN SOLTANI

Mailing Address **18341 SHERMAN WAY**
STE 104B

City **RESEDA** State **CA** Zip Code **91335-4497**

FEC ID number of contributing federal political committee **C**

Name of Employer **SOLTANI CONSTRUCTION** Occupation **DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : SA11.3098883

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HASSAN SOLTANI

Mailing Address **18341 SHERMAN WAY**
STE 104B

City **RESEDA** State **CA** Zip Code **91335-4497**

FEC ID number of contributing federal political committee **C**

Name of Employer **SOLTANI CONSTRUCTION** Occupation **DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : SA11.3098883B

Amount of Each Receipt this Period
-900.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. HASSAN SOLTANI

Mailing Address **18341 SHERMAN WAY**
STE 104B

City **RESEDA** State **CA** Zip Code **91335-4497**

FEC ID number of contributing federal political committee **C**

Name of Employer **SOLTANI CONSTRUCTION** Occupation **DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : SA11.3099513

Amount of Each Receipt this Period
900.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

2016020200033614

**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 283 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A.

Full Name (Last, First, Middle Initial)
MR. GORDON D. SONDLAND

Mailing Address **333 NW 9TH STE. 1009**

City **PORTLAND** State **OR** Zip Code **97209-3343**

FEC ID number of contributing federal political committee **C**

Name of Employer **PROVENCE HOTELS** Occupation **CHAIRMAN/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 MM / DD / YYYY
11 / 17 / 2015

Transaction ID : SA11.3098545

Amount of Each Receipt this Period
5400.00
 CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GORDON D. SONDLAND

Mailing Address **333 NW 9TH STE. 1009**

City **PORTLAND** State **OR** Zip Code **97209-3343**

FEC ID number of contributing federal political committee **C**

Name of Employer **PROVENCE HOTELS** Occupation **CHAIRMAN/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 MM / DD / YYYY
11 / 17 / 2015

Transaction ID : SA11.3098545B

Amount of Each Receipt this Period
-2700.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C.

Full Name (Last, First, Middle Initial)
MR. GORDON D. SONDLAND

Mailing Address **333 NW 9TH STE. 1009**

City **PORTLAND** State **OR** Zip Code **97209-3343**

FEC ID number of contributing federal political committee **C**

Name of Employer **PROVENCE HOTELS** Occupation **CHAIRMAN/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 MM / DD / YYYY
11 / 17 / 2015

Transaction ID : SA11.3098696

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

2016020200033615

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 OF 516
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e	<input type="checkbox"/> 11f	<input type="checkbox"/> 11g	<input type="checkbox"/> 11h	<input type="checkbox"/> 11i	<input type="checkbox"/> 11j	<input type="checkbox"/> 11k	<input type="checkbox"/> 11l	<input type="checkbox"/> 11m	<input type="checkbox"/> 11n	<input type="checkbox"/> 11o	<input type="checkbox"/> 11p	<input type="checkbox"/> 11q	<input type="checkbox"/> 11r	<input type="checkbox"/> 11s	<input type="checkbox"/> 11t	<input type="checkbox"/> 11u	<input type="checkbox"/> 11v	<input type="checkbox"/> 11w	<input type="checkbox"/> 11x	<input type="checkbox"/> 11y	<input type="checkbox"/> 11z
<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)
MR. KRISTOPHER C. SPECTOR

Mailing Address **6900 E. CAMELBACK RD, STE. 915**

City **SCOTTSDALE** State **AZ** Zip Code **85251-8059**

FEC ID number of contributing federal political committee **C**

Name of Employer **SELF** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1050.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3098307**

Amount of Each Receipt this Period
50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES SPRAYREGEN

Mailing Address **521 LONGWOOD**

City **GLENCOE** State **IL** Zip Code **60022-1736**

FEC ID number of contributing federal political committee **C**

Name of Employer **KIRKLAND & ELLIS** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : **SA11.3098411**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT E. SPRING

Mailing Address **420 LEXINGTON AVENUE STE. 300**
GRACIE SQUARE CAPITAL

City **NEW YORK** State **NY** Zip Code **10170-0399**

FEC ID number of contributing federal political committee **C**

Name of Employer **GRACIE SQUARE CAPITAL FINANCE** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : **SA11.3099125**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00

2016020200033616

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 285 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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.

Full Name (Last, First, Middle Initial) MRS. ANNA K. STACHOWICZ		Date of Receipt MM / DD / YYYY 11 / 19 / 2015
Mailing Address 206 S. MICHIGAN AVENUE		Transaction ID : SA11.3098724
City KENILWORTH	State Zip Code NJ 07033-1728	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 200.00	CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MR. JASON STANECKI		Date of Receipt MM / DD / YYYY 12 / 14 / 2015
Mailing Address 22858 VASILIOS COURT		Transaction ID : SA11.3099224
City NOVI	State Zip Code MI 48374-3520	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 5000.00	CONTRIBUTION
Name of Employer DON-LORS ELECTRONICS	Occupation BUSINESS OWNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) MR. JASON STANECKI		Date of Receipt MM / DD / YYYY 12 / 14 / 2015
Mailing Address 22858 VASILIOS COURT		Transaction ID : SA11.3099224B
City NOVI	State Zip Code MI 48374-3520	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 2300.00	CONTRIBUTION
Name of Employer DON-LORS ELECTRONICS	Occupation BUSINESS OWNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	[MEMO ITEM] REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	

2016020200033617

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 286 OF 516
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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.

Full Name (Last, First, Middle Initial) MR. JASON STANECKI		Date of Receipt MM / DD / YYYY 12 / 14 / 2015	
Mailing Address 22858 VASILIOS COURT		Transaction ID : SA11.3099525	
City NOVI	State MI	Zip Code 48374-3520	Amount of Each Receipt this Period CONTRIBUTION 2300.00
FEC ID number of contributing federal political committee C	Name of Employer DON-LORS ELECTRONICS	Occupation BUSINESS OWNER	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) MR. DONALD STAPLEY		Date of Receipt MM / DD / YYYY 12 / 18 / 2015	
Mailing Address 1330 N. 40TH ST. UNIT 5		Transaction ID : SA11.3099285	
City MESA	State AZ	Zip Code 85205-3918	Amount of Each Receipt this Period CONTRIBUTION 250.00
FEC ID number of contributing federal political committee C	Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) VADM. GEORGE P. STEELE U.S.N. (RE		Date of Receipt MM / DD / YYYY 11 / 17 / 2015	
Mailing Address 3000 GALLOWAY RIDGE APARTMENT G207		Transaction ID : SA11.3098584	
City PITTSBORO	State NC	Zip Code 27312-8669	Amount of Each Receipt this Period CONTRIBUTION 200.00
FEC ID number of contributing federal political committee C	Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

2016020200033618

**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 287 OF 516	
	<input checked="" 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 type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. ABRAHAM J. STERN

Mailing Address **9049 KARLOV AVENUE**

City **SKOKIE** State **IL** Zip Code **60076-1715**

FEC ID number of contributing federal political committee **C**

Name of Employer **MUCH SHELIST** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : SA11.3098388

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL C. STINSON

Mailing Address **1201 SHADY OAKS LANE**

City **FT WORTH** State **TX** Zip Code **76107-3557**

FEC ID number of contributing federal political committee **C**

Name of Employer **SELF-EMPLOYED** Occupation **INVESTMENTS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 21 / 2015**

Transaction ID : SA11.3099447

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID STIRLING

Mailing Address **2449 N. 600 W.**

City **PLEASANT GROVE** State **UT** Zip Code **84062-9253**

FEC ID number of contributing federal political committee **C**

Name of Employer **DOTERRA INTERNATIONAL** Occupation **PRESIDENT/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **11 / 13 / 2015**

Transaction ID : SA11.3098460

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

2016020200033619

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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 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)
MR. STEVE C. STOMBRES

Mailing Address **10092 DANIELS RUN WAY**

City **FAIRFAX** State **VA** Zip Code **22030-2448**

FEC ID number of contributing federal political committee **C**

Name of Employer **HARBINGER STRATEGIES** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3098360**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. JANE C. STRAIN

Mailing Address **1801 BELLA VISTA DR.**

City **SIERRA VISTA** State **AZ** Zip Code **85635-2115**

FEC ID number of contributing federal political committee **C**

Name of Employer **U S ARMY** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **465.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3098308**

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JANE C. STRAIN

Mailing Address **1801 BELLA VISTA DR.**

City **SIERRA VISTA** State **AZ** Zip Code **85635-2115**

FEC ID number of contributing federal political committee **C**

Name of Employer **U S ARMY** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **465.00**

Date of Receipt **12 / 03 / 2015**

Transaction ID : **SA11.3099045**

Amount of Each Receipt this Period
45.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1095.00

201602020200033620

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MS. JANE C. STRAIN

Mailing Address **1801 BELLA VISTA DR.**

City SIERRA VISTA	State AZ	Zip Code 85635-2115
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FEC ID number of contributing federal political committee: **C**

Name of Employer U S ARMY	Occupation RETIRED
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Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **465.00**

Date of Receipt

MM 12	DD 21	YYYY 2015
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Transaction ID : SA11.3099458

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHAD STRIKER

Mailing Address **1425 W ROSCOE**

City CHICAGO	State IL	Zip Code 60657-6782
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer GREENBERG TRAUIG, LLP	Occupation ATTORNEY
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Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt

MM 12	DD 03	YYYY 2015
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Transaction ID : SA11.3098966

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. OLIVIER STRIMELLE

Mailing Address **3855 E. AMBERWOOD DR.**

City PHOENIX	State AZ	Zip Code 85048-7355
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer ARIZONA TWIN DREAMS	Occupation MANAGING DIRECTOR
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt

MM 12	DD 18	YYYY 2015
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Transaction ID : SA11.3099299

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1020.00

2016020200033621

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 32	<input type="checkbox"/> 33	<input type="checkbox"/> 34	<input type="checkbox"/> 35	<input type="checkbox"/> 36	<input type="checkbox"/> 37	<input type="checkbox"/> 38	<input type="checkbox"/> 39	<input type="checkbox"/> 40	<input type="checkbox"/> 41	<input type="checkbox"/> 42	<input type="checkbox"/> 43	<input type="checkbox"/> 44	<input type="checkbox"/> 45	<input type="checkbox"/> 46	<input type="checkbox"/> 47	<input type="checkbox"/> 48	<input type="checkbox"/> 49	<input type="checkbox"/> 50

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MS. RUTH P. STROUD

Mailing Address **7536 E. VIA CORNUCOPIA**

City TUCSON	State AZ	Zip Code 85715-4271
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FEC ID number of contributing federal political committee: **C**

Name of Employer NONE	Occupation RETIRED
---------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **375.00**

Date of Receipt: **11 / 03 / 2015**

Transaction ID : **SA11.3098277**

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN SUTTON STUMP

Mailing Address **21145 CARDINAL POND TERR APT 130**

City ASHBURN	State VA	Zip Code 20147-6131
------------------------	--------------------	-------------------------------

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: **11 / 18 / 2015**

Transaction ID : **SA11.3098679**

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PREDRAG SUBOTIC

Mailing Address **8662 MIDLAND PARKWAY**

City JAMAICA	State NY	Zip Code 11432-3042
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FEC ID number of contributing federal political committee: **C**

Name of Employer SELF-EMPLOYED	Occupation PROPERTY OWNER
--	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **290.00**

Date of Receipt: **11 / 13 / 2015**

Transaction ID : **SA11.3098453**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

325.00

201602020200033622

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial) MR. FRANCIS X. SUOZZI		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 112 BROWN AVENUE		Transaction ID : SA11.3099124
City SPRING LAKE	State NJ Zip Code 07762-1018	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 1000.00	CONTRIBUTION
Name of Employer RJ HELICOPTER	Occupation EXECUTIVE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

B. Full Name (Last, First, Middle Initial) MR. SAM SZETO		Date of Receipt MM / DD / YYYY 12 / 18 / 2015
Mailing Address 2381 S. COMANCHE DR.		Transaction ID : SA11.3099289
City CHANDLER	State AZ Zip Code 85286-8308	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 300.00	CONTRIBUTION
Name of Employer DRAGON WOK	Occupation OWNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

C. Full Name (Last, First, Middle Initial) MARA TALPINS		Date of Receipt MM / DD / YYYY 09 / 23 / 2015
Mailing Address 1060 BAYHEAD DRIVE		Transaction ID : SA11.3097036
City MAMARONECK	State NY Zip Code 10543-4701	
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 5000.00	CONTRIBUTION [MEMO ITEM]
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

2016020200033623

**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 292 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MARA TALPINS

Mailing Address **1060 BAYHEAD DRIVE**

City MAMARONECK	State NY	Zip Code 10543-4701
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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: **5000.00**

Date of Receipt: **10 / 19 / 2015**

Transaction ID : **SA11.3097036B**

Amount of Each Receipt this Period
-2300.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MARA TALPINS

Mailing Address **1060 BAYHEAD DRIVE**

City MAMARONECK	State NY	Zip Code 10543-4701
---------------------------	--------------------	-------------------------------

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: **5000.00**

Date of Receipt: **10 / 19 / 2015**

Transaction ID : **SA11.3097916**

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. CHARLES K. TARBUTTON

Mailing Address **1 RED OAK LANE**

City SANDERSVILLE	State GA	Zip Code 31082-9213
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FEC ID number of contributing federal political committee: **C**

Name of Employer B-H TRANSFER COMPANY	Occupation TREASURER
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Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **12 / 17 / 2015**

Transaction ID : **SA11.3099243**

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

201602020200033624

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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 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)
MR. GIL TENZER

Mailing Address **240 EAST 47TH STREET, APT. 3D**

City **NEW YORK** State **NY** Zip Code **10017-2132**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CONTRARIAN CAPITAL** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
11 / 03 / 2015

Transaction ID : **SA11.3098365**

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GIL TENZER

Mailing Address **240 EAST 47TH STREET, APT. 3D**

City **NEW YORK** State **NY** Zip Code **10017-2132**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CONTRARIAN CAPITAL** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
11 / 03 / 2015

Transaction ID : **SA11.3098365B**

Amount of Each Receipt this Period
-2300.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. GIL TENZER

Mailing Address **240 EAST 47TH STREET, APT. 3D**

City **NEW YORK** State **NY** Zip Code **10017-2132**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CONTRARIAN CAPITAL** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
11 / 03 / 2015

Transaction ID : **SA11.3099517**

Amount of Each Receipt this Period
2300.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

2016020200033625

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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<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)
MR. BREWER B. THOMPSON

Mailing Address **50 COUNTRY CLUB DRIVE SW**

City **LAKWOOD** State **WA** Zip Code **98498-5303**

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
11 / 23 / 2015

Transaction ID : **SA11.3098764**

Amount of Each Receipt this Period
75.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FRANK E. TOLBERT

Mailing Address **2600 E. BROADWAY**

City **LOGANSPOUT** State **IN** Zip Code **46947-2004**

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 **400.00**

Date of Receipt
11 / 18 / 2015

Transaction ID : **SA11.3098662**

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FRANK E. TOLBERT

Mailing Address **2600 E. BROADWAY**

City **LOGANSPOUT** State **IN** Zip Code **46947-2004**

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 **400.00**

Date of Receipt
12 / 23 / 2015

Transaction ID : **SA11.3099481**

Amount of Each Receipt this Period
25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

150.00

201602020200033626

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 295 OF 516
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. JAMES S. TOLLEY

Mailing Address **1020 E. SILVERTREE DRIVE**

City **TUCSON** State **AZ** Zip Code **85718-1070**

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: **11 / 18 / 2015**

Transaction ID : **SA11.3098646**

Amount of Each Receipt this Period: **200.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. DIANE R. TOOKER

Mailing Address **15802 N. 71ST ST #657**

City **SCOTTSDALE** State **AZ** Zip Code **85254-7115**

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: **5400.00**

Date of Receipt: **12 / 07 / 2015**

Transaction ID : **SA11.3099145**

Amount of Each Receipt this Period: **4250.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. DIANE R. TOOKER

Mailing Address **15802 N. 71ST ST #657**

City **SCOTTSDALE** State **AZ** Zip Code **85254-7115**

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: **5400.00**

Date of Receipt: **12 / 07 / 2015**

Transaction ID : **SA11.3099145B**

Amount of Each Receipt this Period: **-2050.00**

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4450.00

2016020200033627

**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 296 OF 516
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MRS. DIANE R. TOOKER

Mailing Address **15802 N. 71ST ST #657**

City **SCOTTSDALE** State **AZ** Zip Code **85254-7115**

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 **5400.00**

Date of Receipt
 12 / 07 / 2015

Transaction ID : **SA11.3099184**

Amount of Each Receipt this Period
2050.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. GARY L. TOOKER

Mailing Address **15802 N 71ST ST, #657**

City **SCOTTSDALE** State **AZ** Zip Code **85254-7115**

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 **5400.00**

Date of Receipt
 12 / 07 / 2015

Transaction ID : **SA11.3099120**

Amount of Each Receipt this Period
4250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GARY L. TOOKER

Mailing Address **15802 N 71ST ST, #657**

City **SCOTTSDALE** State **AZ** Zip Code **85254-7115**

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 **5400.00**

Date of Receipt
 12 / 07 / 2015

Transaction ID : **SA11.3099120B**

Amount of Each Receipt this Period
-2200.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4250.00

201602020200033628

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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(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)
MR. GARY L. TOOKER

Mailing Address **15802 N 71ST ST, #657**

City **SCOTTSDALE** State **AZ** Zip Code **85254-7115**

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 **5400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : **SA11.3099182**

Amount of Each Receipt this Period
2200.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MS. HANNAH TOUTOUNCHI

Mailing Address **1077 GRAY FOX CIR**

City **PLEASANTON** State **CA** Zip Code **94566-6969**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BERRY, APPLEMAH, & LEIDEN** Occupation **BUSINESS IMMIGRATION PARALEGAL**

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
11 / 30 / 2015

Transaction ID : **SA11.3098882**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN V. TRAN

Mailing Address **66 S. DOBSON ROAD #145**

City **MESA** State **AZ** Zip Code **85202-1181**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NATIONWIDE NAIL SUPPLY** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : **SA11.3098071**

Amount of Each Receipt this Period
600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

20160202000033629

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 298 OF 516
(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)
MRS. TRACY TRAN

Mailing Address **500 N. ESTRELLA PARKWAY B2477**

City **GOODYEAR** State **AZ** Zip Code **85338-4135**

FEC ID number of contributing federal political committee **C**

Name of Employer **AAA HARDWOOD FLOORS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : **SA11.3098043**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILTON A. TREADWAY

Mailing Address **2 WESTBROOK CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72205-2259**

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 **700.00**

Date of Receipt **12 / 28 / 2015**
Transaction ID : **SA11.3099562**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MARGO TREECE

Mailing Address **313 N. CORRINE DR.**

City **GILBERT** State **AZ** Zip Code **85234-6459**

FEC ID number of contributing federal political committee **C**

Name of Employer **ASPEN PHYSICAL THERAPY** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 18 / 2015**
Transaction ID : **SA11.3099301**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1600.00**

TOTAL This Period (last page this line number only).....

2016020200033630

**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 299 OF 516
	<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

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.

Full Name (Last, First, Middle Initial) MR. ROBERT J. TREJO		Date of Receipt MM / DD / YYYY 12 / 18 / 2015
Mailing Address 2909 E. WILDHORSE DR.		Transaction ID : SA11.3099302
City GILBERT	State AZ	
FEC ID number of contributing federal political committee [C]		Amount of Each Receipt this Period 5000.00
Name of Employer TREJO OIL CO.	Occupation OWNER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) MR. ROBERT J. TREJO		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 2909 E. WILDHORSE DR.		Transaction ID : SA11.3099302B
City GILBERT	State AZ	
FEC ID number of contributing federal political committee [C]		Amount of Each Receipt this Period -2300.00
Name of Employer TREJO OIL CO.	Occupation OWNER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	
		[MEMO ITEM] REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) MR. ROBERT J. TREJO		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 2909 E. WILDHORSE DR.		Transaction ID : SA11.3099629
City GILBERT	State AZ	
FEC ID number of contributing federal political committee [C]		Amount of Each Receipt this Period 2300.00
Name of Employer TREJO OIL CO.	Occupation OWNER	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	
		[MEMO ITEM] REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

2016020200033631

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 OF 516
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e	<input type="checkbox"/> 11f	<input type="checkbox"/> 11g	<input type="checkbox"/> 11h	<input type="checkbox"/> 11i	<input type="checkbox"/> 11j	<input type="checkbox"/> 11k	<input type="checkbox"/> 11l	<input type="checkbox"/> 11m	<input type="checkbox"/> 11n	<input type="checkbox"/> 11o	<input type="checkbox"/> 11p	<input type="checkbox"/> 11q	<input type="checkbox"/> 11r	<input type="checkbox"/> 11s	<input type="checkbox"/> 11t	<input type="checkbox"/> 11u	<input type="checkbox"/> 11v	<input type="checkbox"/> 11w	<input type="checkbox"/> 11x	<input type="checkbox"/> 11y	<input type="checkbox"/> 11z
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
ARIN TRITT

Mailing Address **265 FIELDSBORN COURT**

City **ATLANTA** State **GA** Zip Code **30328-1039**

FEC ID number of contributing federal political committee **C**

Name of Employer **RETIRED** Occupation **SOCIAL WORKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 03 / 2015**

Transaction ID : **SA11.3099017**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RAMIE TRITT

Mailing Address **5362 HALLFORD DRIVE**

City **DUNWOODY** State **GA** Zip Code **30338-3610**

FEC ID number of contributing federal political committee **C**

Name of Employer **ATLANTA ENT** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 21 / 2015**

Transaction ID : **SA11.3099363**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SUSAN L. TRUAX

Mailing Address **6316 EAST MONTE CRISTO AVENUE**

City **SCOTTSDALE** State **AZ** Zip Code **85254-1972**

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 **450.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : **SA11.3098848**

Amount of Each Receipt this Period
200.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

2016020200033632

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 301 OF 516
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	<input type="checkbox"/>	15
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
DR. TRUEMAN E. TRYHUS JR.

Mailing Address **8623 CLUBHOUSE WAY**

City **SCOTTSDALE** State **AZ** Zip Code **85255-4228**

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 **450.00**

Date of Receipt **12 / 15 / 2015**

Transaction ID : **SA11.3099233**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TERRY D. TURK

Mailing Address **2488 E. AMBER COURT**

City **GILBERT** State **AZ** Zip Code **85296-2100**

FEC ID number of contributing federal political committee **C**

Name of Employer **SUN AMERICAN** Occupation **MORTGAGE BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : **SA11.3099258**

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. TERRY D. TURK

Mailing Address **2488 E. AMBER COURT**

City **GILBERT** State **AZ** Zip Code **85296-2100**

FEC ID number of contributing federal political committee **C**

Name of Employer **SUN AMERICAN** Occupation **MORTGAGE BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099258B**

Amount of Each Receipt this Period
-2300.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5100.00

2016020200033633

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 OF 516
(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)
MR. TERRY D. TURK

Mailing Address **2488 E. AMBER COURT**

City **GILBERT** State **AZ** Zip Code **85296-2100**

FEC ID number of contributing federal political committee **C**

Name of Employer **SUN AMERICAN** Occupation **MORTGAGE BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099625**

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
WILLIAM TURLEY

Mailing Address **3898 EAST MORRISON RANCH PARKWAY**

City **GILBERT** State **AZ** Zip Code **85296-1823**

FEC ID number of contributing federal political committee **C**

Name of Employer **US TRUST** Occupation **PRIVATE BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 21 / 2015**

Transaction ID : **SA11.3099465**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ADAM TUTON

Mailing Address **5900 N. KIVA LANE**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-5964**

FEC ID number of contributing federal political committee **C**

Name of Employer **AMERICAN TRAFFIC SOLUTION** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **10 / 27 / 2015**

Transaction ID : **SA11.3098049**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

2016020200033634

**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 303 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. JAMES D. TUTON

Mailing Address **9701 E. HAPPY VALLEY ROAD #18**

City **SCOTTSDALE** State **AZ** Zip Code **85255-2396**

FEC ID number of contributing federal political committee **C**

Name of Employer **AMERICAN TRAFFIC SOLUTIONS, INC.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
10 / 27 / 2015

Transaction ID : **SA11.3098037**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DONALD E. TYKESON

Mailing Address **1144 WILLAGILLESPIE RD, STE 33**

City **EUGENE** State **OR** Zip Code **97401-6722**

FEC ID number of contributing federal political committee **C**

Name of Employer **TYKESON/ASSOCIATES ENTERPRISES** Occupation **PRIVATE INVESTMENTS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
12 / 31 / 2015

Transaction ID : **SA11.3099732**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JESS TYLER

Mailing Address **P.O. BOX 4030**

City **COTTONWOOD** State **AZ** Zip Code **86326-2612**

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
12 / 31 / 2015

Transaction ID : **SA11.3099803**

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2050.00

2016020200033635

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 OF 516
(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)
MR. DAVID K. UDALL

Mailing Address **30 W. 1ST ST.**

City **MESA** State **AZ** Zip Code **85201-**

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
12 / 18 / 2015

Transaction ID : **SA11.3099283**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. SUSAN WHETTEN UDALL

Mailing Address **937 S. 53RD CIRCLE**

City **MESA** State **AZ** Zip Code **85206-2974**

FEC ID number of contributing federal political committee **C**

Name of Employer **SELF-EMPLOYED** Occupation **CIVIC ACTIVIST/FREELANCE WRITER**

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
12 / 14 / 2015

Transaction ID : **SA11.3099230**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WAYNE H. VALIS

Mailing Address **3419 WASHINGTON DRIVE**

City **FALLS CHURCH** State **VA** Zip Code **22041-2002**

FEC ID number of contributing federal political committee **C**

Name of Employer **VALIS ASSOCIATES, L.L.C.** Occupation **CHAIRMAN**

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
12 / 11 / 2015

Transaction ID : **SA11.3099190**

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

201602020200033636

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 OF 516
(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)
MR. WAYNE H. VALIS

Mailing Address **3419 WASHINGTON DRIVE**

City **FALLS CHURCH** State **VA** Zip Code **22041-2002**

FEC ID number of contributing federal political committee **C**

Name of Employer **VALIS ASSOCIATES, L.L.C.** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : **SA11.3099190B**

Amount of Each Receipt this Period
-300.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. WAYNE H. VALIS

Mailing Address **3419 WASHINGTON DRIVE**

City **FALLS CHURCH** State **VA** Zip Code **22041-2002**

FEC ID number of contributing federal political committee **C**

Name of Employer **VALIS ASSOCIATES, L.L.C.** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : **SA11.3099503**

Amount of Each Receipt this Period
300.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
RADM LLOYD R. VASEY USN (RET.)

Mailing Address **1434 PUNAHOU STREET
APARTMENT 908**

City **HONOLULU** State **HI** Zip Code **96822-4749**

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 **10 / 07 / 2015**

Transaction ID : **SA11.3097784**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

2016020200033637

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 306 OF 516
	<input checked="" 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 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. MARIE D. VILLAREAL		Date of Receipt MM/DD/YYYY 12/07/2015
Mailing Address 590 S. EMERSON STREET		Transaction ID : SA11.3099140
City CHANDLER	State AZ Zip Code 85225-5920	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 210.00
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00	

B. Full Name (Last, First, Middle Initial) DR. MIRIAM E. VINCENT		Date of Receipt MM/DD/YYYY 11/17/2015
Mailing Address 120 FULTON STREET #4D		Transaction ID : SA11.3098577
City BOSTON	State MA Zip Code 02109-1426	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

C. Full Name (Last, First, Middle Initial) TUNG VNGUYEN		Date of Receipt MM/DD/YYYY 10/18/2015
Mailing Address 20235 N CAVE CREEK		Transaction ID : SA11.3099089
City PHOENIX	State AZ Zip Code 85024-4424	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 1000.00
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	IN-KIND CONTRIBUTION MUSICAL ENTERTAINMENT
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1410.00
TOTAL This Period (last page this line number only).....	

2016020200033638

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 OF 516
(check only one)

<input checked="" 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 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. FRANCES ANN WALKER

Mailing Address **5920 N. CAMINO PADRE ISIDORO**

City TUCSON	State AZ	Zip Code 85718-4032
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer RETIRED	Occupation RETIRED CHEMISTRY PROFESSOR
------------------------------------	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1820.00**

Date of Receipt: **11 / 03 / 2015**

Transaction ID : **SA11.3098342**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. FRANCES ANN WALKER

Mailing Address **5920 N. CAMINO PADRE ISIDORO**

City TUCSON	State AZ	Zip Code 85718-4032
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer RETIRED	Occupation RETIRED CHEMISTRY PROFESSOR
------------------------------------	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1820.00**

Date of Receipt: **12 / 03 / 2015**

Transaction ID : **SA11.3099044**

Amount of Each Receipt this Period
50.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. FRANCES ANN WALKER

Mailing Address **5920 N. CAMINO PADRE ISIDORO**

City TUCSON	State AZ	Zip Code 85718-4032
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer RETIRED	Occupation RETIRED CHEMISTRY PROFESSOR
------------------------------------	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1820.00**

Date of Receipt: **12 / 21 / 2015**

Transaction ID : **SA11.3099455**

Amount of Each Receipt this Period
50.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

2016020200033639

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 OF 516
(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)
MS. FRANCES ANN WALKER

Mailing Address **5920 N. CAMINO PADRE ISIDORO**

City **TUCSON** State **AZ** Zip Code **85718-4032**

FEC ID number of contributing federal political committee **C**

Name of Employer **RETIRED** Occupation **RETIRED CHEMISTRY PROFESSOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1820.00**

Date of Receipt
12 / 28 / 2015

Transaction ID : **SA11.3099554**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. FRANCES ANN WALKER

Mailing Address **5920 N. CAMINO PADRE ISIDORO**

City **TUCSON** State **AZ** Zip Code **85718-4032**

FEC ID number of contributing federal political committee **C**

Name of Employer **RETIRED** Occupation **RETIRED CHEMISTRY PROFESSOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1820.00**

Date of Receipt
12 / 31 / 2015

Transaction ID : **SA11.3099809**

Amount of Each Receipt this Period
50.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH G. WALSH

Mailing Address **1096 BEGIER AVE.**

City **SAN LEANDRO** State **CA** Zip Code **94577-3024**

FEC ID number of contributing federal political committee **C**

Name of Employer **GOLDEN GATE UNIVERSITY** Occupation **PROFESSOR OF TAXATION**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
12 / 21 / 2015

Transaction ID : **SA11.3099385**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

201602020200033640

**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 309 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. JAMES A. WALTERS

Mailing Address **P.O. BOX 2935**

City **GAINESVILLE** State **GA** Zip Code **30503-2935**

FEC ID number of contributing federal political committee **C**

Name of Employer **WALTERS MANAGEMENT COMPANY** Occupation **FINANCIAL SERVICES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
11 / 18 / 2015

Transaction ID : **SA11.3098680**

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. BETTYE TENNER WASHINGTON

Mailing Address **2911 ABER STREET**

City **SAN DIEGO** State **CA** Zip Code **92117-2425**

FEC ID number of contributing federal political committee **C**

Name of Employer **GENERAL ATOMICS** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
10 / 20 / 2015

Transaction ID : **SA11.3097972**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DON L. WATER

Mailing Address **35 ISLAND DRIVE**

City **SAVANNAH** State **GA** Zip Code **31406-5238**

FEC ID number of contributing federal political committee **C**

Name of Employer **BRASSELER USA, INC.** Occupation **PRESIDENT/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
12 / 17 / 2015

Transaction ID : **SA11.3099242**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2750.00

2016020200033641

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 OF 516
(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)
MR. JOHN B. WATERS JR.

Mailing Address **107 JOY STREET**

City **SEVIERVILLE** State **TN** Zip Code **37862-3424**

FEC ID number of contributing federal political committee **C**

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 11 / 18 / 2015

Transaction ID : **SA11.3098644**

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. DERBY H. WATKINS

Mailing Address **12440 MCGREGOR PALMS DR.**

City **FORT MYERS** State **FL** Zip Code **33908-3052**

FEC ID number of contributing federal political committee **C**

Name of Employer **SELF-EMPLOYED** Occupation **FINANCE CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 11 / 02 / 2015

Transaction ID : **SA11.3098147**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. DERBY H. WATKINS

Mailing Address **12440 MCGREGOR PALMS DR.**

City **FORT MYERS** State **FL** Zip Code **33908-3052**

FEC ID number of contributing federal political committee **C**

Name of Employer **SELF-EMPLOYED** Occupation **FINANCE CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 12 / 07 / 2015

Transaction ID : **SA11.3099083**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

201602020200033642

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 311 OF 516
	(check only one)	
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<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. DERBY H. WATKINS

Mailing Address **12440 MCGREGOR PALMS DR.**

City **FORT MYERS** State **FL** Zip Code **33908-3052**

FEC ID number of contributing federal political committee **C**

Name of Employer **SELF-EMPLOYED** Occupation **FINANCE CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2015

Transaction ID : **SA11.3099583**

Amount of Each Receipt this Period
1200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HOLLY K. WATTLES

Mailing Address **2753 E. BROADWAY RD #101-613**

City **MESA** State **AZ** Zip Code **85204-1579**

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
 M M / D D / Y Y Y Y
12 / 18 / 2015

Transaction ID : **SA11.3099295**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JOAN B. WEAVER

Mailing Address **P.O. BOX 5251**

City **BELMONT** State **CA** Zip Code **94002-5251**

FEC ID number of contributing federal political committee **C**

Name of Employer **UNITED AIRLINES** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 21 / 2015

Transaction ID : **SA11.3099463**

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

2016020200033643

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 312 OF 516
(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)
MS. JOAN B. WEAVER

Mailing Address **P.O. BOX 5251**

City **BELMONT** State **CA** Zip Code **94002-5251**

FEC ID number of contributing federal political committee **C**

Name of Employer **UNITED AIRLINES** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt
12 / 31 / 2015

Transaction ID : **SA11.3099806**

Amount of Each Receipt this Period
10.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. PATSY J. WEBER

Mailing Address **1723 AUTUMN RUN**

City **FORT WAYNE** State **IN** Zip Code **46845-8897**

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 **240.00**

Date of Receipt
11 / 23 / 2015

Transaction ID : **SA11.3098763**

Amount of Each Receipt this Period
120.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GARY WEED

Mailing Address **3525 W LAWTHOR DR**

City **DALLAS** State **TX** Zip Code **75214-3204**

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
11 / 03 / 2015

Transaction ID : **SA11.3098354**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

630.00

2016020200033644

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 313 OF 516
(check only one)

<input checked="" 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 type="checkbox"/> 15
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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. BRUCE A. WEININGER

Mailing Address **2550 STEVEN LANE**

City **NORTHBROOK** State **IL** Zip Code **60062-6974**

FEC ID number of contributing federal political committee **C**

Name of Employer **KOVITZ INVESTMENT GROUP, LLC** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
11 / 10 / 2015

Transaction ID : SA11.3098400

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ELIOT R. WEINSTEIN

Mailing Address **5328 W PENSACOLA AVE**

City **CHICAGO** State **IL** Zip Code **60641-1308**

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 **250.00**

Date of Receipt
12 / 03 / 2015

Transaction ID : SA11.3099027

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GREG WENNES

Mailing Address **17701 NINE OAKS DRIVE**

City **SPRING GROVE** State **MN** Zip Code **55974-2256**

FEC ID number of contributing federal political committee **C**

Name of Employer **SELF-EMPLOYED** Occupation **RADIO BROADCASTER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
11 / 18 / 2015

Transaction ID : SA11.3098678

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

475.00

2016020200033645

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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	<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)
STEPHEN WEST

Mailing Address **1013 E. 3RD STREET**

City **MESA** State **AZ** Zip Code **85203-8001**

FEC ID number of contributing federal political committee **C**

Name of Employer **UDALL SHUMWAY** Occupation **ATTORNEY AT LAW**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 21 / 2015**

Transaction ID : **SA11.3099459**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LESLIE H. WEXNER

Mailing Address **3 LIMITED PKWY**

City **COLUMBUS** State **OH** Zip Code **43230-1467**

FEC ID number of contributing federal political committee **C**

Name of Employer **LIMITED BRANDS CORPORATION** Occupation **CHAIRMAN/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : **SA11.3098378**

Amount of Each Receipt this Period
5400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LESLIE H. WEXNER

Mailing Address **3 LIMITED PKWY**

City **COLUMBUS** State **OH** Zip Code **43230-1467**

FEC ID number of contributing federal political committee **C**

Name of Employer **LIMITED BRANDS CORPORATION** Occupation **CHAIRMAN/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : **SA11.3098378B**

Amount of Each Receipt this Period
-2700.00
CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5650.00

2016020200033646

**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 315 OF 516
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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. LESLIE H. WEXNER

Mailing Address **3 LIMITED PKWY**

City **COLUMBUS** State **OH** Zip Code **43230-1467**

FEC ID number of contributing federal political committee **C**

Name of Employer **LIMITED BRANDS CORPORATION** Occupation **CHAIRMAN/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : **SA11.3098431**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. MATTHEW ERIC WICKER

Mailing Address **3750 W DUBLIN ST**

City **CHANDLER** State **AZ** Zip Code **85226-5915**

FEC ID number of contributing federal political committee **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **10 / 13 / 2015**

Transaction ID : **SA11.3097867**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DENNIS I. WILENCHIK

Mailing Address **2810 N. 3RD ST.**

City **PHOENIX** State **AZ** Zip Code **85004-**

FEC ID number of contributing federal political committee **C**

Name of Employer **WILENCHIK AND ASSOCIATES** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : **SA11.3099284**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

2016020200033647

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 316 OF 516
	(check only one)	
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<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 11d	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
MRS. ANGELA L. WILLIAMS

Mailing Address **5593 GOLF COURSE DRIVE**

City **MORRISON** State **CO** Zip Code **80465-2112**

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: **225.00**

Date of Receipt: **12 / 31 / 2015**

Transaction ID : **SA11.3099807**

Amount of Each Receipt this Period: **25.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BART WILSON

Mailing Address **1124 N. PEPPERTREE DRIVE**

City **GILBERT** State **AZ** Zip Code **85234-4954**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **ON TIME EXPRESS** Occupation: **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **10 / 13 / 2015**

Transaction ID : **SA11.3097846**

Amount of Each Receipt this Period: **500.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DARRELL E. WILSON

Mailing Address **1144 E. THUNDERHILL DRIVE**

City **PHOENIX** State **AZ** Zip Code **85048-4603**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **HILGART WILSON LLC** Occupation: **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **12 / 07 / 2015**

Transaction ID : **SA11.3099122**

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

775.00

2016020200033648

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 317 OF 516
	(check only one)	
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<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)
MRS. BARBARA WINSTON

Mailing Address **516 CROSS RIVER ROAD**

City **KATONAH** State **NY** Zip Code **10536-3517**

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 **2000.00**

Date of Receipt **11 / 09 / 2015**

Transaction ID : SA11.3098372

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES R. WIRT

Mailing Address **6175 NW 167 ST. G35**

City **MIAMI** State **FL** Zip Code **33015-**

FEC ID number of contributing federal political committee **C**

Name of Employer **SOUTHEAST INSURANCE CENTER** Occupation **INSURANCE AGENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : SA11.3098343

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHARLES R. WIRT

Mailing Address **6175 NW 167 ST. G35**

City **MIAMI** State **FL** Zip Code **33015-**

FEC ID number of contributing federal political committee **C**

Name of Employer **SOUTHEAST INSURANCE CENTER** Occupation **INSURANCE AGENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt **12 / 03 / 2015**

Transaction ID : SA11.3099037

Amount of Each Receipt this Period
100.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

2016020200033649

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 OF 516
(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)
MR. CHARLES R. WIRT

Mailing Address **6175 NW 167 ST. G35**

City **MIAMI** State **FL** Zip Code **33015-**

FEC ID number of contributing federal political committee **C**

Name of Employer **SOUTHEAST INSURANCE CENTER** Occupation **INSURANCE AGENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : **SA11.3099699**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. SUSAN STEPHANIE WOJTOWICZ

Mailing Address **4351 ALDER DR.**

City **SAN DIEGO** State **CA** Zip Code **92116-2323**

FEC ID number of contributing federal political committee **C**

Name of Employer **GENERAL ATOMICS** Occupation **DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **10 / 15 / 2015**
Transaction ID : **SA11.3097901**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AUGUST WOLF

Mailing Address **150 SOUTHFIELD AVE**

City **STAMFORD** State **CT** Zip Code **06902-7756**

FEC ID number of contributing federal political committee **C**

Name of Employer **LEBENTHAL** Occupation **REGISTERED INVESTMENT ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : **SA11.3098834**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **2250.00**

TOTAL This Period (last page this line number only).....

2016020200033650

**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 319 OF 516
	<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. PAUL WOLFOWITZ

Mailing Address **400 BEACH DRIVE N.E. APT. 1701**

City **SAINT PETERSBURG** State **FL** Zip Code **33701-3062**

FEC ID number of contributing federal political committee: **C**

Name of Employer **AMERICAN ENTERPRISE INSTITUTE** Occupation **VISITING SCHOLAR**

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
12 / 11 / 2015

Transaction ID : **SA11.3099197**

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CAPT. LELAND E. WOOD USN (RET)

Mailing Address **2333 S. ROLFE STREET**

City **ARLINGTON** State **VA** Zip Code **22202-1544**

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: **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : **SA11.3098772**

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. NICHOLAS J. WOOD

Mailing Address **1784 E. CARVER ROAD**

City **TEMPE** State **AZ** Zip Code **85284-2423**

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: **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : **SA11.3099134**

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

2016020200033651

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 320 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial) MR. LAWRENCE WOOLSON		Date of Receipt MM / DD / YYYY 10 / 13 / 2015
Mailing Address 2186 E. CHESAPEAKE DRIVE		Transaction ID : SA11.3097855
City GILBERT	State AZ	
Zip Code 85234-3840		Amount of Each Receipt this Period CONTRIBUTION 250.00
FEC ID number of contributing federal political committee C	Occupation MANAGER	
Name of Employer ROEHL TRANSPORT	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00
Election Cycle-to-Date		

B. Full Name (Last, First, Middle Initial) ROBERT WORTHINGTON		Date of Receipt MM / DD / YYYY 11 / 03 / 2015
Mailing Address P.O. BOX 147		Transaction ID : SA11.3098344
City LINWOOD	State MI	
Zip Code 48634-0147		Amount of Each Receipt this Period CONTRIBUTION 100.00
FEC ID number of contributing federal political committee C	Occupation CEO	
Name of Employer GLOBE FIRE SPRINKLER CORP.	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00
Election Cycle-to-Date		

C. Full Name (Last, First, Middle Initial) ROBERT WORTHINGTON		Date of Receipt MM / DD / YYYY 12 / 03 / 2015
Mailing Address P.O. BOX 147		Transaction ID : SA11.3098963
City LINWOOD	State MI	
Zip Code 48634-0147		Amount of Each Receipt this Period CONTRIBUTION 100.00
FEC ID number of contributing federal political committee C	Occupation CEO	
Name of Employer GLOBE FIRE SPRINKLER CORP.	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00
Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

2016020200033652

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 321 OF 516
(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)
ROBERT WORTHINGTON

Mailing Address **P.O. BOX 147**

City **LINWOOD** State **MI** Zip Code **48634-0147**

FEC ID number of contributing federal political committee **C**

Name of Employer **GLOBE FIRE SPRINKLER CORP.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099670**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. EDWARD E. WRIGHT

Mailing Address **5401 WESTBARD AVENUE
APARTMENT 301**

City **BETHESDA** State **MD** Zip Code **20816-1486**

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 **485.00**

Date of Receipt **11 / 24 / 2015**

Transaction ID : **SA11.3098800**

Amount of Each Receipt this Period
35.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LLOYD WRIGHT

Mailing Address **17001 N CROSSROADS RANCH RD**

City **PRESCOTT** State **AZ** Zip Code **86305-7835**

FEC ID number of contributing federal political committee **C**

Name of Employer **ALTERNATIVE MEDICINE SOLUTIONS LLC** Occupation **PRES/FOUNDER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 21 / 2015**

Transaction ID : **SA11.3099362**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

635.00

2016020200033653

**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 322 OF 516	
	<input checked="" 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 type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. JOHN A. WUDEL

Mailing Address **1716 N. ALMOND STREET**

City **MESA** State **AZ** Zip Code **85213-3413**

FEC ID number of contributing federal political committee **C**

Name of Employer **WUDEL, INC.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : SA11.3099267

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. NANCY T. WUDEL

Mailing Address **1716 N. ALMOND ST.**

City **MESA** State **AZ** Zip Code **85213-3413**

FEC ID number of contributing federal political committee **C**

Name of Employer **WUDEL, INC.** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : SA11.3099282

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FERRAH YAZDAN

Mailing Address **14638 STONEBRIDGE CT.**

City **MORGAN HILL** State **CA** Zip Code **95037-9608**

FEC ID number of contributing federal political committee **C**

Name of Employer **INTERO** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **12 / 21 / 2015**

Transaction ID : SA11.3099389

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

201602020200033654

**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 323 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
FERRAH YAZDAN

Mailing Address **14638 STONEBRIDGE CT.**

City MORGAN HILL	State CA	Zip Code 95037-9608
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer INTERO	Occupation BUSINESS OWNER
-----------------------------------	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **12 / 21 / 2015**

Transaction ID : **SA11.3099389B**

Amount of Each Receipt this Period: **-100.00**

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
FERRAH YAZDAN

Mailing Address **14638 STONEBRIDGE CT.**

City MORGAN HILL	State CA	Zip Code 95037-9608
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer INTERO	Occupation BUSINESS OWNER
-----------------------------------	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **12 / 21 / 2015**

Transaction ID : **SA11.3099637**

Amount of Each Receipt this Period: **100.00**

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. ELIAHU YEHEZKEL

Mailing Address **1629 VENTANA DR.**

City ESCONDIDO	State CA	Zip Code 92029-5524
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer GA-ASI	Occupation VP MFG.
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Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **10 / 21 / 2015**

Transaction ID : **SA11.3097995**

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

2016020200033655

**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 324 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A.

Full Name (Last, First, Middle Initial)
DR. ANTHONY T. YEUNG

Mailing Address **5448 E. VALLE VISTA ROAD**

City **PHOENIX** State **AZ** Zip Code **85018-1935**

FEC ID number of contributing federal political committee **C**

Name of Employer **SELF-EMPLOYED** Occupation **SPINE SURGEON**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt **10 / 27 / 2015**

Transaction ID : SA11.3098036

Amount of Each Receipt this Period
800.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. CHRISTOPHER YEUNG

Mailing Address **1635 EAST MYRTLE LANE**

City **PHOENIX** State **AZ** Zip Code **85020-5556**

FEC ID number of contributing federal political committee **C**

Name of Employer **DESERT INSTITUTE FOR SPINE CARE** Occupation **SURGEON**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **10 / 27 / 2015**

Transaction ID : SA11.3098038

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. SALVATORE F. ZICHICHI

Mailing Address **214 WESTOVER RD**

City **STAMFORD** State **CT** Zip Code **06902-1927**

FEC ID number of contributing federal political committee **C**

Name of Employer **MORGAN STANLEY** Occupation **EXECUTIVE DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : SA11.3099116

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2800.00

2016020200033656

**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 325 OF 516	
	<input checked="" 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 type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. KARL J. ZIMMEL

Mailing Address **12537 N. FALLEN SHADOW DR.**

City MARANA	State AZ	Zip Code 85658-4473
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer TUCSON ELECTRIC POWER	Occupation RISK MANAGER
--	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **10 / 13 / 2015**

Transaction ID : **SA11.3097841**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GERALD ZOLDAN

Mailing Address **600 NORTH LAKE SHORE DRIVE**

City CHICAGO	State IL	Zip Code 60611-5061
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer MORRISSEY ASSOCIATES	Occupation CHAIRMAN
---	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **11 / 10 / 2015**

Transaction ID : **SA11.3098404**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHAEL ZUSMAN

Mailing Address **4746 WOODVALE DR.**

City ATLANTA	State GA	Zip Code 30327-4554
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer KWALU	Occupation CEO
----------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **12 / 03 / 2015**

Transaction ID : **SA11.3098969**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

201602020200033657

**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 326 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
GILA RIVER INDIAN COMMUNITY

Mailing Address **P.O. BOX 2160**

City **SACATON** State **AZ** Zip Code **85147-0055**

FEC ID number of contributing federal political committee **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 25 / 2015**

Transaction ID : **SA11.3098830**

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GILA RIVER INDIAN COMMUNITY

Mailing Address **P.O. BOX 2160**

City **SACATON** State **AZ** Zip Code **85147-0055**

FEC ID number of contributing federal political committee **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 25 / 2015**

Transaction ID : **SA11.3098830B**

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
GILA RIVER INDIAN COMMUNITY

Mailing Address **P.O. BOX 2160**

City **SACATON** State **AZ** Zip Code **85147-0055**

FEC ID number of contributing federal political committee **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 25 / 2015**

Transaction ID : **SA11.3099635**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

2016020200033658

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 327 OF 516
(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)
JACK LENGYEL CONSULTING, LLC

Mailing Address **16821 W. ORACLE RIM DRIVE**

City **SURPRISE** State **AZ** Zip Code **85387-2834**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
12 / 04 / 2015

Transaction ID : **SA11.3098931**

Amount of Each Receipt this Period
200.00

CONTRIBUTION

PARTNERSHIP ATTRIBUTION REQUEST

B. Full Name (Last, First, Middle Initial)
PECHANGA BAND OF LUISENO INDIANS

Mailing Address **P.O. BOX 1477**

City **TEMECULA** State **CA** Zip Code **92593-1477**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
11 / 13 / 2015

Transaction ID : **SA11.3098461**

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RUBIN AND RUDMAN LLP

Mailing Address **50 ROWERS WHARF**

City **BOSTON** State **MA** Zip Code **02110-3339**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
09 / 25 / 2015

Transaction ID : **SA11.3097152**

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2200.00

2016020200033659

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 328 OF 516
	<input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. KENNETH M. BARNA

Mailing Address **126 WALNUT HILL ROAD**

City CHESTNUT HILL	State MA	Zip Code 02467-3157
------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer RUBIN AND RUDMAN LLP	Occupation ATTORNEY
---	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5000.00**

Date of Receipt
 MM / DD / YYYY
09 / 25 / 2015

Transaction ID : **SA11.3097360**

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
WAGENER CAPITAL MANAGEMENT, L.L.C.

Mailing Address **575 MADISON AVE., FL-10**

City NEW YORK	State NY	Zip Code 10022-2588
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt
 MM / DD / YYYY
11 / 03 / 2015

Transaction ID : **SA11.3098151**

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SEE ATTRIBUTION; SEE ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
MR. DAVID WAGENER

Mailing Address **575 MADISON AVE., FL-10**

City NEW YORK	State NY	Zip Code 10022-2588
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer SELF: WAGENER CAPITAL	Occupation BANKING
--	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt
 MM / DD / YYYY
11 / 03 / 2015

Transaction ID : **SA11.3098893B**

Amount of Each Receipt this Period
-100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

201602020200033660

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 OF 516
(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)
MR. DAVID WAGENER

Mailing Address **575 MADISON AVE., FL-10**

City **NEW YORK** State **NY** Zip Code **10022-2588**

FEC ID number of contributing federal political committee **C**

Name of Employer **SELF: WAGENER CAPITAL** Occupation **BANKING**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3098897**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
WAGENER CAPITAL MANAGEMENT, L.L.C.

Mailing Address **575 MADISON AVE., FL-10**

City **NEW YORK** State **NY** Zip Code **10022-2588**

FEC ID number of contributing federal political committee **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3098151B**

Amount of Each Receipt this Period
-100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL; PARTNERSHIP ATTRIBUTION REQUEST

C. Full Name (Last, First, Middle Initial)
WAGENER CAPITAL MANAGEMENT, L.L.C.

Mailing Address **575 MADISON AVE., FL-10**

City **NEW YORK** State **NY** Zip Code **10022-2588**

FEC ID number of contributing federal political committee **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : **SA11.3098895**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY; PARTNERSHIP ATTRIBUTION REQUEST

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

2016020200033661

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 OF 516
(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)
WERNICK PARTNERS LP

Mailing Address **6548 LAFAYETTE WAY**

City **DALLAS** State **TX** Zip Code **75230-1932**

FEC ID number of contributing federal political committee **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **SA11.3097722**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
STUART WERNICK

Mailing Address **6548 LAFAYETTE WAY**

City **DALLAS** State **TX** Zip Code **75230-1932**

FEC ID number of contributing federal political committee **C**

Name of Employer Occupation
QUANTUM FIRST CAPITAL REAL ESTATE FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 MM / DD / YYYY
11 / 04 / 2015

Transaction ID : **SA11.3098154**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION SEE ATTRIBUTION

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).....

0.00

548717.33

2016020200033662

**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 331 OF 516
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <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)
ELECT RAY CARROLL

Mailing Address **P.O. BOX 31597**

City **TUCSON** State **AZ** Zip Code **85751-1597**

FEC ID number of contributing federal political committee **C**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **500.00**

Date of Receipt **10 / 27 / 2015**

Transaction ID : SA11.3098054

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
21ST CENTURY MAJORITY FUND

Mailing Address **6065 ROSWELL RD, BOX 2274**

City **ATLANTA** State **GA** Zip Code **30328-4011**

FEC ID number of contributing federal political committee **C C00361956**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **10000.00**

Date of Receipt **10 / 14 / 2015**

Transaction ID : SA11.3097877

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
21ST CENTURY MAJORITY FUND

Mailing Address **6065 ROSWELL RD, BOX 2274**

City **ATLANTA** State **GA** Zip Code **30328-4011**

FEC ID number of contributing federal political committee **C C00361956**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **10000.00**

Date of Receipt **10 / 20 / 2015**

Transaction ID : SA11.3097877B

Amount of Each Receipt this Period
-5000.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

2016020200033663

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedules) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 332 OF 516
(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)
21ST CENTURY MAJORITY FUND

Mailing Address **6065 ROSWELL RD, BOX 2274**

City **ATLANTA** State **GA** Zip Code **30328-4011**

FEC ID number of contributing federal political committee **C00361956**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 MM / DD / YYYY
10 / 20 / 2015

Transaction ID : **SA11.3098017**

Amount of Each Receipt this Period
 \$ **5000.00**

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
ACTION CMTE FOR RURAL ELECTRIFICATION

Mailing Address **4301 WILSON BLVD**

City **ARLINGTON** State **VA** Zip Code **22203-1867**

FEC ID number of contributing federal political committee **C00002972**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 MM / DD / YYYY
12 / 18 / 2015

Transaction ID : **SA11.3099252**

Amount of Each Receipt this Period
 \$ **1000.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AECOM US FEDERAL PAC

Mailing Address **2450 CRYSTAL DR, 5TH FLOOR**

City **ARLINGTON** State **VA** Zip Code **22202-4812**

FEC ID number of contributing federal political committee **C00374447**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **SA11.3098143**

Amount of Each Receipt this Period
 \$ **1000.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

2016020200033664

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 333 OF 516
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
AEROJET ROCKETDYNE & GENCORP PAC

Mailing Address **P.O. BOX 13222**

City **SACRAMENTO** State **CA** Zip Code **95813-3222**

FEC ID number of contributing federal political committee **C00129122**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt **10 / 12 / 2015**

Transaction ID : **SA11.3097821**

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AIRBUS GROUP, INC. PAC

Mailing Address **2550 WASSER TERRACE, STE. 9000**

City **HERNDON** State **VA** Zip Code **20171-6382**

FEC ID number of contributing federal political committee **C00421230**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **8000.00**

Date of Receipt **10 / 09 / 2015**

Transaction ID : **SA11.3097805**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AIRBUS GROUP, INC. PAC

Mailing Address **2550 WASSER TERRACE, STE. 9000**

City **HERNDON** State **VA** Zip Code **20171-6382**

FEC ID number of contributing federal political committee **C00421230**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **8000.00**

Date of Receipt **10 / 09 / 2015**

Transaction ID : **SA11.3097806**

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

2016020200033665

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 334 OF 516
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <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.

Full Name (Last, First, Middle Initial) AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (CRNA-PAC)		Date of Receipt MM / DD / YYYY 11 / 25 / 2015	
Mailing Address 25 MASSACHUSETTS AVENUE N.W. SUITE 550		Transaction ID : SA11.3098831	
City WASHINGTON State DC Zip Code 20001-1408	Amount of Each Receipt this Period 2000.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C00173153	Name of Employer Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) AMERICAN COATINGS ASSOCIATION, INC. PAC		Date of Receipt MM / DD / YYYY 12 / 11 / 2015	
Mailing Address 1500 RHODE ISLAND AVE. NW		Transaction ID : SA11.3099194	
City WASHINGTON State DC Zip Code 20005-5503	Amount of Each Receipt this Period 2500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C00380949	Name of Employer Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00		

Full Name (Last, First, Middle Initial) AMERICAN COMPOSITES MANUFACTURERS ASSOC. PAC		Date of Receipt MM / DD / YYYY 12 / 11 / 2015	
Mailing Address 3033 WILSON BLVD STE. 420		Transaction ID : SA11.3099195	
City ARLINGTON State VA Zip Code 22201-3843	Amount of Each Receipt this Period 4000.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C00388157	Name of Employer Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

SUBTOTAL of Receipts This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	

2016020200033666

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <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)
AMERICAN CABLE ASSOCIATION PAC

Mailing Address **ONE PARKWAY CENTER STE. 212**

City **PITTSBURGH** State **PA** Zip Code **15220-3505**

FEC ID number of contributing federal political committee **C00364109**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : **SA11.3099255**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN ELECTRIC POWER

Mailing Address **801 PENNSYLVANIA AVENUE NW SUITE 650**

City **WASHINGTON** State **DC** Zip Code **20004-2673**

FEC ID number of contributing federal political committee **C00096842**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1500.00**

Date of Receipt **12 / 28 / 2015**

Transaction ID : **SA11.3099550**

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICANS UNITED IN SUPPORT OF DEMOCRACY

Mailing Address **350 W. HUBBARD SUITE 610**

City **CHICAGO** State **IL** Zip Code **60654-6937**

FEC ID number of contributing federal political committee **C00113019**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1700.00**

Date of Receipt **10 / 26 / 2015**

Transaction ID : **SA11.3098415**

Amount of Each Receipt this Period
1700.00
IN-KIND CONTRIBUTION

FINANCE EVENT CONSULTING

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

2016020200033667

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 336 OF 516
(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)
ARIZONA DAIRYMEN PAC

Mailing Address **2008 S. HARDY DRIVE**

City **TEMPE** State **AZ** Zip Code **85282-1211**

FEC ID number of contributing federal political committee **C00085019**

Name of Employer Occupation

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
10 / 27 / 2015

Transaction ID : **SA11.3098056**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BAE SYSTEMS USA PAC

Mailing Address **1101 WILSON BLVD.**

City **ARLINGTON** State **VA** Zip Code **22209-2211**

FEC ID number of contributing federal political committee **C00281212**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : **SA11.3099257**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BGR PAC

Mailing Address **601 13TH ST NW
11TH FL, SOUTH**

City **WASHINGTON** State **DC** Zip Code **20005-3807**

FEC ID number of contributing federal political committee **C00359588**

Name of Employer Occupation

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
10 / 22 / 2015

Transaction ID : **SA11.3098438**

Amount of Each Receipt this Period
5000.00

IN-KIND CONTRIBUTION

FACILITY RENTAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

2016020200033698

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(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)
BRIDGEPOINT EDUCATION INC. PAC

Mailing Address **13500 EVENING CREEK DRIVE N.
SUITE 600**

City **SAN DIEGO** State **CA** Zip Code **92128-8125**

FEC ID number of contributing federal political committee **C00478404**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
12 / 04 / 2015

Transaction ID : **SA11.3098945**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BWX TECHNOLOGIES, INC. PAC

Mailing Address **2016 MOUNT ATHOS RD**

City **LYNCHBURG** State **VA** Zip Code **24504-5447**

FEC ID number of contributing federal political committee **C00365502**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
11 / 20 / 2015

Transaction ID : **SA11.3098750**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHEVRON EMPLOYEES PAC

Mailing Address **P.O. BOX 6016**

City **SAN RAMON** State **CA** Zip Code **94583-0716**

FEC ID number of contributing federal political committee **C00035006**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt
11 / 13 / 2015

Transaction ID : **SA11.3098449**

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

201602020200033669

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <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)
CHICAGO BRIDGE & IRON COMPANY PAC

Mailing Address **1050 K ST NW**

City **WASHINGTON** State **DC** Zip Code **20001-4417**

FEC ID number of contributing federal political committee **C00104885**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1000.00**

Date of Receipt **10 / 09 / 2015**

Transaction ID : **SA11.3097802**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CISCO SYSTEMS EPAC

Mailing Address **400 CAPITOL MALL STE. 1545**

City **SACRAMENTO** State **CA** Zip Code **95814-4434**

FEC ID number of contributing federal political committee **C00362707**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **10000.00**

Date of Receipt **12 / 28 / 2015**

Transaction ID : **SA11.3099549**

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CITYPAC

Mailing Address **PO BOX 1198**

City **CHICAGO** State **IL** Zip Code **60690-1198**

FEC ID number of contributing federal political committee **C00187526**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2500.00**

Date of Receipt **11 / 24 / 2015**

Transaction ID : **SA11.3098811**

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8500.00

2016020200033670

**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 339 OF 516
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <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)
COCA-COLA CO. NONPARTISAN COMM. FOR GOOD GOVT.

Mailing Address **P.O. BOX 1734**

City **ATLANTA** State **GA** Zip Code **30301-1734**

FEC ID number of contributing federal political committee **C00012468**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
11 / 18 / 2015

Transaction ID : **SA11.3098681**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COMPASS BANCSHARES INC. PAC

Mailing Address **P.O. BOX 10586**

City **BIRMINGHAM** State **AL** Zip Code **35296-0002**

FEC ID number of contributing federal political committee **C00142596**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
12 / 11 / 2015

Transaction ID : **SA11.3099193**

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CONSUMER ELECTRONICS ASSOCIATION PAC

Mailing Address **1919 S. EADS STREET**

City **ARLINGTON** State **VA** Zip Code **22202-3028**

FEC ID number of contributing federal political committee **C00375048**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
11 / 09 / 2015

Transaction ID : **SA11.3098370**

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

201602020200033671

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 340 OF 516
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <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)
CONSUMER ELECTRONICS ASSOCIATION PAC

Mailing Address **1919 S. EADS STREET**

City **ARLINGTON** State **VA** Zip Code **22202-3028**

FEC ID number of contributing federal political committee **C00375048**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **5100.00**

Date of Receipt **11 / 09 / 2015**

Transaction ID : **SA11.3098370B**

Amount of Each Receipt this Period
-100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
CONSUMER ELECTRONICS ASSOCIATION PAC

Mailing Address **1919 S. EADS STREET**

City **ARLINGTON** State **VA** Zip Code **22202-3028**

FEC ID number of contributing federal political committee **C00375048**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **5100.00**

Date of Receipt **11 / 09 / 2015**

Transaction ID : **SA11.3098437**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
COUNTRY FIRST PAC

Mailing Address **28 S. WASHINGTON ST., STE. 115**

City **ALEXANDRIA** State **VA** Zip Code **22305-1308**

FEC ID number of contributing federal political committee **C00457705**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **10000.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099851**

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

2016020200033672

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 341 OF 516
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address **1331 PENNSYLVANIA AVE. NW
SUITE 560**

City **WASHINGTON** State **DC** Zip Code **20004-1745**

FEC ID number of contributing federal political committee **C00163832**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **11 / 13 / 2015**
Transaction ID : **SA11.3098446**

Amount of Each Receipt this Period
4000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE

Mailing Address **412 FIRST STREET SE**

City **WASHINGTON** State **DC** Zip Code **20003-1804**

FEC ID number of contributing federal political committee **C00040998**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **12 / 18 / 2015**
Transaction ID : **SA11.3099254**

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DENALI LEADERSHIP PAC

Mailing Address **2755 ILLIAMNA**

City **ANCHORAGE** State **AK** Zip Code **99517-1217**

FEC ID number of contributing federal political committee **C00438291**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt **11 / 05 / 2015**
Transaction ID : **SA11.3098178**

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **14000.00**

TOTAL This Period (last page this line number only).....

2016020200033673

**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 342 OF 516
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <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.

Full Name (Last, First, Middle Initial) DIRIGO PAC		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
A. Mailing Address P.O. BOX 1355		Transaction ID : SA11.3099592
City ALEXANDRIA	State VA	
FEC ID number of contributing federal political committee. C00391797		Amount of Each Receipt this Period 5000.00 CONTRIBUTION
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) DLA PIPER PAC		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
B. Mailing Address 500 8TH STREET NW STE. 700		Transaction ID : SA11.3099586
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C00151340		Amount of Each Receipt this Period 1500.00 CONTRIBUTION
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6000.00	

Full Name (Last, First, Middle Initial) DLA PIPER PAC		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
C. Mailing Address 500 8TH STREET NW STE. 700		Transaction ID : SA11.3099587
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C00151340		Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6000.00	REDESIGNATION REQUESTED

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

2016020200033674

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 343 OF 516	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<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)
DTE ENERGY COMPANY PAC - FEDERAL

Mailing Address **ONE ENERGY PLAZA**

City **DETROIT** State **MI** Zip Code **48226-1221**

FEC ID number of contributing federal political committee **C00081547**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt **11 / 17 / 2015**

Transaction ID : **SA11.3098546**

Amount of Each Receipt this Period
3500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DTE ENERGY COMPANY PAC - FEDERAL

Mailing Address **ONE ENERGY PLAZA**

City **DETROIT** State **MI** Zip Code **48226-1221**

FEC ID number of contributing federal political committee **C00081547**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt **11 / 17 / 2015**

Transaction ID : **SA11.3098546 B**

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DYNCORP INTERNATIONAL PAC

Mailing Address **1700 OLD MEADOW RD**

City **MCLEAN** State **VA** Zip Code **22102-4302**

FEC ID number of contributing federal political committee **C00409979**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **12 / 28 / 2015**

Transaction ID : **SA11.3099551**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

9500.00

2016020200033675

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 344 OF 516
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e	<input type="checkbox"/> 11f	<input type="checkbox"/> 11g	<input type="checkbox"/> 11h	<input type="checkbox"/> 11i	<input type="checkbox"/> 11j	<input type="checkbox"/> 11k	<input type="checkbox"/> 11l	<input type="checkbox"/> 11m	<input type="checkbox"/> 11n	<input type="checkbox"/> 11o	<input type="checkbox"/> 11p	<input type="checkbox"/> 11q	<input type="checkbox"/> 11r	<input type="checkbox"/> 11s	<input type="checkbox"/> 11t	<input type="checkbox"/> 11u	<input type="checkbox"/> 11v	<input type="checkbox"/> 11w	<input type="checkbox"/> 11x	<input type="checkbox"/> 11y	<input type="checkbox"/> 11z																								
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 32	<input type="checkbox"/> 33	<input type="checkbox"/> 34	<input type="checkbox"/> 35	<input type="checkbox"/> 36	<input type="checkbox"/> 37	<input type="checkbox"/> 38	<input type="checkbox"/> 39	<input type="checkbox"/> 40	<input type="checkbox"/> 41	<input type="checkbox"/> 42	<input type="checkbox"/> 43	<input type="checkbox"/> 44	<input type="checkbox"/> 45	<input type="checkbox"/> 46	<input type="checkbox"/> 47	<input type="checkbox"/> 48	<input type="checkbox"/> 49	<input type="checkbox"/> 50	<input type="checkbox"/> 51	<input type="checkbox"/> 52	<input type="checkbox"/> 53	<input type="checkbox"/> 54	<input type="checkbox"/> 55	<input type="checkbox"/> 56	<input type="checkbox"/> 57	<input type="checkbox"/> 58	<input type="checkbox"/> 59	<input type="checkbox"/> 60

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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
10000.00

Date of Receipt

MM	DD	YYYY
12	31	2015

Transaction ID : **SA11.3099596**

Amount of Each Receipt this Period

4500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GENERAL ATOMICS PAC

Mailing Address **P.O. BOX 85608**

City **SAN DIEGO** State **CA** Zip Code **92186-5608**

FEC ID number of contributing federal political committee: **C00215285**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt

MM	DD	YYYY
10	20	2015

Transaction ID : **SA11.3097979**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GENERAL ATOMICS PAC

Mailing Address **P.O. BOX 85608**

City **SAN DIEGO** State **CA** Zip Code **92186-5608**

FEC ID number of contributing federal political committee: **C00215285**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt

MM	DD	YYYY
10	20	2015

Transaction ID : **SA11.3097981**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

12000.00

2016020200033676

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 345 OF 516
(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)
HEARTLAND VALUES PAC

Mailing Address **P.O. BOX 505**

City **SIoux FALLS** State **SD** Zip Code **57101-0505**

FEC ID number of contributing federal political committee: **C00409003**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date: **10000.00**

Date of Receipt: **11 / 30 / 2015**

Transaction ID : **SA11.3098890**

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HELLER HIGHWATER PAC

Mailing Address **POST OFFICE BOX 370672**

City **LAS VEGAS** State **NV** Zip Code **89137-0672**

FEC ID number of contributing federal political committee: **C00471607**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date: **10000.00**

Date of Receipt: **10 / 13 / 2015**

Transaction ID : **SA11.3097871**

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HUMAN RIGHTS FOR VIETNAM PAC

Mailing Address **420 N. TWIN OAKS VALLE RD. #2229**

City **SAN MARCOS** State **CA** Zip Code **92079-7090**

FEC ID number of contributing federal political committee: **C00517060**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date: **5000.00**

Date of Receipt: **10 / 27 / 2015**

Transaction ID : **SA11.3098057**

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

15000.00

2016020200033677

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 OF 516
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<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)
HUMANA INC., PAC

Mailing Address **975 F. STREET NW
SUITE 550**

City **WASHINGTON** State **DC** Zip Code **20004-1458**

FEC ID number of contributing federal political committee. **C00271007**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **11 / 20 / 2015**

Transaction ID : **SA11.3098748**

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INTELSAT CORPORATION PAC

Mailing Address **7900 TYSONS ONE PL. FLOOR 20**

City **MCLEAN** State **VA** Zip Code **22102-5971**

FEC ID number of contributing federal political committee. **C00412403**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : **SA11.3099192**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
K&L GATES LLP PAC

Mailing Address **1601 K ST NW**

City **WASHINGTON** State **DC** Zip Code **20006-1682**

FEC ID number of contributing federal political committee. **C00213173**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt **11 / 20 / 2015**

Transaction ID : **SA11.3098749**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

2016020200033678

**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 347 OF 516
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <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.

Full Name (Last, First, Middle Initial) L-3 COMMUNICATIONS CORPORATION PAC		Date of Receipt MM / DD / YYYY 11 / 09 / 2015
Mailing Address 600 3RD AVENUE		Transaction ID : SA11.3098371
City NEW YORK	State NY	Zip Code 10016-1901
FEC ID number of contributing federal political committee C00338087	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6000.00	

Full Name (Last, First, Middle Initial) L-3 COMMUNICATIONS CORPORATION PAC		Date of Receipt MM / DD / YYYY 11 / 25 / 2015
Mailing Address 600 3RD AVENUE		Transaction ID : SA11.3098829
City NEW YORK	State NY	Zip Code 10016-1901
FEC ID number of contributing federal political committee C00338087	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer	Occupation	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6000.00	

Full Name (Last, First, Middle Initial) LOCKHEED MARTIN EMPLOYEES' PAC		Date of Receipt MM / DD / YYYY 10 / 23 / 2015
Mailing Address 2121 CRYSTAL DR. STE. 100		Transaction ID : SA11.3098021
City ARLINGTON	State VA	Zip Code 22202-3706
FEC ID number of contributing federal political committee C00303024	Amount of Each Receipt this Period 1500.00 CONTRIBUTION	
Name of Employer	Occupation	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6500.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

201502020200033679

**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 348 OF 516			
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. LOCKHEED MARTIN EMPLOYEES' PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 CRYSTAL DR. STE. 100

City ARLINGTON	State VA	Zip Code 22202-3706
FEC ID number of contributing federal political committee. C00303024		
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6500.00	

Date of Receipt

MM	DD	YYYY
10	23	2015

Transaction ID : SA11.3098022

Amount of Each Receipt this Period

Amount
1000.00

CONTRIBUTION

B. MAGAZINE PUBLISHERS OF AMERICA PAC
 Full Name (Last, First, Middle Initial)
 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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Date of Receipt

MM	DD	YYYY
10	09	2015

Transaction ID : SA11.3097801

Amount of Each Receipt this Period

Amount
1000.00

CONTRIBUTION

C. NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2901 TELESTAR COURT 4TH FL

City FALLS CHURCH	State VA	Zip Code 22042-
FEC ID number of contributing federal political committee. C00005249		
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Date of Receipt

MM	DD	YYYY
12	07	2015

Transaction ID : SA11.3099107

Amount of Each Receipt this Period

Amount
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

2016020200033680

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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(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)
NAVIENT PAC

Mailing Address **2001 EDMUND HALLEY DRIVE**

City **RESTON** State **VA** Zip Code **20191-3436**

FEC ID number of contributing federal political committee **C00331835**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SA11.3098448**

Amount of Each Receipt this Period
 \$ 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NEW REPUBLICAN MAJORITY FUND

Mailing Address **P.O. BOX 53176**

City **WASHINGTON** State **DC** Zip Code **20009-9176**

FEC ID number of contributing federal political committee **C00219220**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 MM / DD / YYYY
12 / 28 / 2015

Transaction ID : **SA11.3099553**

Amount of Each Receipt this Period
 \$ 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address **THREE COMMERCIAL PLACE**

City **NORFOLK** State **VA** Zip Code **23510-2108**

FEC ID number of contributing federal political committee **C00009282**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 MM / DD / YYYY
10 / 09 / 2015

Transaction ID : **SA11.3097804**

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

2016020200033681

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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 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)
ONE GEORGIA PAC

Mailing Address **P.O. BOX 12077**

City **ATLANTA** State **GA** Zip Code **30355-2077**

FEC ID number of contributing federal political committee **C00571208**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2015

Transaction ID : **SA11.3098685**

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ORACLE CORPORATION PAC

Mailing Address **1015 15TH STREET NW STE. 200**

City **WASHINGTON** State **DC** Zip Code **20005-2635**

FEC ID number of contributing federal political committee **C00323048**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2180.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : **SA11.3098929**

Amount of Each Receipt this Period
90.00
 IN-KIND CONTRIBUTION

FACILITY RENTAL

C. Full Name (Last, First, Middle Initial)
PARSONS CORPORATION PAC

Mailing Address **100 W. WALNUT STREET #T1110**

City **PASADENA** State **CA** Zip Code **91124-0001**

FEC ID number of contributing federal political committee **C00103549**

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
10 / 16 / 2015

Transaction ID : **SA11.3097905**

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5290.00

2016020200033682

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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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)
REALTORS PAC

Mailing Address **430 N. MICHIGAN AVENUE**

City **CHICAGO** State **IL** Zip Code **60611-4011**

FEC ID number of contributing federal political committee **C00030718**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : **SA11.3099253**

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RESPONSIBILITY & FREEDOM WORK PAC (RFWPAC)

Mailing Address **P.O. BOX 1281**

City **TUPELO** State **MS** Zip Code **38802-1281**

FEC ID number of contributing federal political committee **C00368696**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : **SA11.3099597**

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROCKWELL COLLINS EMPLOYEE PAC

Mailing Address **1300 WILSON BLVD, STE. 200**

City **ARLINGTON** State **VA** Zip Code **22209-2307**

FEC ID number of contributing federal political committee **C00365684**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **11 / 13 / 2015**

Transaction ID : **SA11.3098447**

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

2016020200033683

**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 352 OF 516
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <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)
ROLLS-ROYCE NORTH AMERICA PAC

Mailing Address **1875 EXPLORER STREET, SUITE 200**

City **RESTON** State **VA** Zip Code **20190-6022**

FEC ID number of contributing federal political committee **C00296822**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **8000.00**

Date of Receipt **12 / 28 / 2015**

Transaction ID : **SA11.3099548**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. 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 **8500.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : **SA11.3099251**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. 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 **8500.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : **SA11.3099251B**

Amount of Each Receipt this Period
-1000.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

2016020200033684

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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 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)
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 **8500.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : SA11.3099501

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
SERVICE CORPORATION INTERNATIONAL PAC

Mailing Address P.O. BOX 130548

City HOUSTON State TX Zip Code 77219-0548

FEC ID number of contributing federal political committee **C00173096**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **10 / 27 / 2015**

Transaction ID : SA11.3098055

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SIERRA NEVADA PAC

Mailing Address P.O. BOX 50193

City SPARKS State NV Zip Code 89435-0193

FEC ID number of contributing federal political committee **C00367995**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **9000.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11.3098944

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1500.00**

TOTAL This Period (last page this line number only).....

2016020200033685

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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 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)
SOUTHWEST GAS CORPORATION PAC

Mailing Address **5241 SPRING MOUNTAIN RD**

City **LAS VEGAS** State **NV** Zip Code **89150-0001**

FEC ID number of contributing federal political committee. **C00076737**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7700.00

Date of Receipt
 09 / 08 / 2015

Transaction ID : **SA11.3096209**

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SOUTHWEST GAS CORPORATION PAC

Mailing Address **5241 SPRING MOUNTAIN RD**

City **LAS VEGAS** State **NV** Zip Code **89150-0001**

FEC ID number of contributing federal political committee. **C00076737**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7700.00

Date of Receipt
 11 / 05 / 2015

Transaction ID : **SA11.3096209B**

Amount of Each Receipt this Period
-2500.00
 CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
SOUTHWEST GAS CORPORATION PAC

Mailing Address **5241 SPRING MOUNTAIN RD**

City **LAS VEGAS** State **NV** Zip Code **89150-0001**

FEC ID number of contributing federal political committee. **C00076737**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7700.00

Date of Receipt
 11 / 05 / 2015

Transaction ID : **SA11.3098614**

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

2016020200033686

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<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)
SPACE EXPLORATION TECHNOLOGIES CORPORATION PAC

Mailing Address **1 ROCKET RD**

City **HAWTHORNE** State **CA** Zip Code **90250-6844**

FEC ID number of contributing federal political committee: **C00411116**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5000.00**

Date of Receipt: **12 / 22 / 2015**
Transaction ID : **SA11.3099359**

Amount of Each Receipt this Period: **5000.00**
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SYNERSE TECHNOLOGIES PAC

Mailing Address **8125 HIGHWOODS PALM WAY**

City **TAMPA** State **FL** Zip Code **33647-1776**

FEC ID number of contributing federal political committee: **C00395186**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **10 / 16 / 2015**
Transaction ID : **SA11.3097906**

Amount of Each Receipt this Period: **1000.00**
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SYNOVUS FINANCIAL CORPORATION

Mailing Address **P.O. BOX 120**

City **COLUMBUS** State **GA** Zip Code **31902-0120**

FEC ID number of contributing federal political committee: **C00032607**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **12 / 17 / 2015**
Transaction ID : **SA11.3099246**

Amount of Each Receipt this Period: **1000.00**
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **7000.00**

TOTAL This Period (last page this line number only).....

2016020200033687

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <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)
TAYLOR MORRISON BUILDING STRONG BUSINESS PAC

Mailing Address **4900 N. SCOTTSDALE RD STE. 2000**

City **SCOTTSDALE** State **AZ** Zip Code **85251-7656**

FEC ID number of contributing federal political committee **C00564807**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2700.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : SA11.3099256

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TEXAS INSTRUMENTS INC. PAC

Mailing Address **PO BOX 742496**

City **DALLAS** State **TX** Zip Code **75374-2496**

FEC ID number of contributing federal political committee **C00007070**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1000.00**

Date of Receipt **11 / 25 / 2015**

Transaction ID : SA11.3098832

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TO PROTECT OUR HERITAGE PAC

Mailing Address **2421 W. PRATT BLVD.**

City **CHICAGO** State **IL** Zip Code **60645-4603**

FEC ID number of contributing federal political committee **C00135541**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2500.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : SA11.3098394

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6200.00

2016020200033688

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)
TOYOTA MOTOR NORTH AMERICA, INC. PAC (TOYOTALLEXUS PAC)

A. Mailing Address **601 THIRTEENTH ST. NW STE. 910 S.**

City State Zip Code
WASHINGTON DC 20005-3807

FEC ID number of contributing federal political committee
C00542365

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
1000.00

Date of Receipt
 MM / DD / YYYY
12 / 28 / 2015

Transaction ID : **SA11.3099552**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address **55 GLENLAKE PKWY NE**

City State Zip Code
ATLANTA GA 30328-3474

FEC ID number of contributing federal political committee.
C00064766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
2000.00

Date of Receipt
 MM / DD / YYYY
10 / 13 / 2015

Transaction ID : **SA11.3097873**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address **55 GLENLAKE PKWY NE**

City State Zip Code
ATLANTA GA 30328-3474

FEC ID number of contributing federal political committee.
C00064766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
2000.00

Date of Receipt
 MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **SA11.3098142**

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

201602020200033689

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<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)
UNS ENERGY CORPORATION PAC

Mailing Address **88 E. BROADWAY BLVD.**

City **TUCSON** State **AZ** Zip Code **85701-1720**

FEC ID number of contributing federal political committee **C00333625**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2000.00**

Date of Receipt **10 / 13 / 2015**

Transaction ID : SA11.3097872

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
US CUBA DEMOCRACY PAC

Mailing Address **1200 W. 49TH ST**

City **HIALEAH** State **FL** Zip Code **33012-3217**

FEC ID number of contributing federal political committee **C00387720**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1000.00**

Date of Receipt **10 / 16 / 2015**

Transaction ID : SA11.3097907

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
USAA EMPLOYEE PAC

Mailing Address **9800 FREDERICKSBURG RD**

City **SAN ANTONIO** State **TX** Zip Code **78288-0001**

FEC ID number of contributing federal political committee **C00164145**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **10000.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : SA11.3098891

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

201602020200033690

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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 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)
VEN-PAC

Mailing Address **P.O. BOX 83142**

City **GAITHERSBURG** State **MD** Zip Code **20883-3142**

FEC ID number of contributing federal political committee **C00369660**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11.3099196

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WASHINGTON PAC

Mailing Address **444 N. CAPITOL STREET N.W. SUITE 345**

City **WASHINGTON** State **DC** Zip Code **20001-1538**

FEC ID number of contributing federal political committee **C00138560**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11.3098141

Amount of Each Receipt this Period
8000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WASHINGTON PAC

Mailing Address **444 N. CAPITOL STREET N.W. SUITE 345**

City **WASHINGTON** State **DC** Zip Code **20001-1538**

FEC ID number of contributing federal political committee **C00138560**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11.3098141B

Amount of Each Receipt this Period
-5000.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

9000.00

2016020200033691

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 360 OF 516
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<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)
WASHINGTON PAC

Mailing Address **444 N. CAPITOL STREET N.W.**
SUITE 345

City **WASHINGTON** State **DC** Zip Code **20001-1538**

FEC ID number of contributing federal political committee **C00138560**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt **10 / 30 / 2015**
Transaction ID : **SA11.3098149**

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **0.00**

TOTAL This Period (last page this line number only)..... **182190.00**

201602020200033692

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 361 OF 516
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
AMERICAN VALET

Mailing Address **8902 N CENTRAL AVE**

City **PHOENIX** State **AZ** Zip Code **85020**

FEC ID number of contributing federal political committee **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **170.00**

Date of Receipt
MM / DD / YYYY
12 / 02 / 2015

Transaction ID : **SA14.2**

Amount of Each Receipt this Period
170.00
REFUND-PARKING SVC

B. Full Name (Last, First, Middle Initial)
CHAIN BRIDGE BANK

Mailing Address **1445 A LAUGHLIN AVE**

City **MCLEAN** State **VA** Zip Code **22101**

FEC ID number of contributing federal political committee **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **0.01**

Date of Receipt
MM / DD / YYYY
10 / 31 / 2015

Transaction ID : **SA14.1**

Amount of Each Receipt this Period
0.01
CREDIT-BANK FEE

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).....

170.01

170.01

201602020200033693

**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 362 OF 516
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <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)
DERBY H. WATKINS

Mailing Address **16301 KELLY WOODS DR #206**

City FT MYERS	State FL	Zip Code 33908
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee: **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date: **61592.91**

Date of Receipt: **12 / 31 / 2015**

Transaction ID : SA15.7

Amount of Each Receipt this Period: **10725.00**

LIST RENTAL INCOME

B. 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: **755610.39**

Date of Receipt: **11 / 18 / 2015**

Transaction ID : SA15.4

Amount of Each Receipt this Period: **12987.09**

LIST RENTAL INCOME

C. 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: **755610.39**

Date of Receipt: **12 / 21 / 2015**

Transaction ID : SA15.5

Amount of Each Receipt this Period: **28133.65**

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

51845.74

201602020200033694

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 363 OF 516
(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)
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
755610.39

Date of Receipt
12 / 21 / 2015

Transaction ID : **SA15.6**

Amount of Each Receipt this Period
32502.35

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
1643.29

Date of Receipt
10 / 30 / 2015

Transaction ID : **SA15.1**

Amount of Each Receipt this Period
8.99

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
1643.29

Date of Receipt
11 / 30 / 2015

Transaction ID : **SA15.2**

Amount of Each Receipt this Period
8.70

INTEREST EARNINGS

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

32520.04

2016020200033695

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 364 OF 516
(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)
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
1643.29

Date of Receipt
11 / 30 / 2015

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8.99

84374.77

2016020200033696

**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 365 OF 516
	<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	

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.

Full Name (Last, First, Middle Initial) A. TREVOR ABARZUA		Date of Disbursement MM / DD / YYYY 12 / 29 / 2015	
Mailing Address: 6400 E THOMAS RD, APT 1060		Amount of Each Disbursement this Period 185.00	
City SCOTTSDALE	State AZ	Zip Code 85251	Transaction ID : SB17.220
Purpose of Disbursement TRAVEL/PER DIEM/MILEAGE		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. TREVOR ABARZUA		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015	
Mailing Address: 6400 E THOMAS RD, APT 1060		Amount of Each Disbursement this Period 228.91	
City SCOTTSDALE	State AZ	Zip Code 85251	Transaction ID : SB17.221
Purpose of Disbursement TRAVEL/PER DIEM/MILEAGE		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. TREVOR ABARZUA		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015	
Mailing Address: 6400 E THOMAS RD, APT 1060		Amount of Each Disbursement this Period 166.66	
City SCOTTSDALE	State AZ	Zip Code 85251	Transaction ID : SB17.431
Purpose of Disbursement PER DIEM/MILEAGE		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	\$ 413.91
TOTAL This Period (last page this line number only).....	\$

2016020200033697

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) 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. CIRCLE K		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015	
Mailing Address PO BOX 52085		Amount of Each Disbursement this Period 20.00	
City PHOENIX	State AZ	Zip Code 85072	Transaction ID : SB17.430
Purpose of Disbursement TRAVEL	Category/Type		
Candidate Name	[MEMO ITEM]		
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. THE PALACE RESTAURANT		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015	
Mailing Address 120 S MONTEZUMA		Amount of Each Disbursement this Period 42.25	
City PRESCOTT	State AZ	Zip Code 86303	Transaction ID : SB17.429
Purpose of Disbursement FOOD AND BEVERAGE	Category/Type		
Candidate Name	[MEMO ITEM]		
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. TREVOR ABARZUA		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015	
Mailing Address 6400 E THOMAS RD, APT 1060		Amount of Each Disbursement this Period 63.99	
City SCOTTSDALE	State AZ	Zip Code 85251	Transaction ID : SB17.222
Purpose of Disbursement TRAVEL/PER DIEM/MILEAGE	Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	63.99
TOTAL This Period (last page this line number only).....	

20160202020003698

**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 367 OF 516
	<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. HOWIES PIZZA		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 1045 LEMON ST		Amount of Each Disbursement this Period 38.74 Transaction ID : SB17.435
City TEMPE	State AZ Zip Code 85281	
Purpose of Disbursement FOOD AND BEVERAGE		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SCOTTSDALE MINI MART		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 6842 E THOMAS RD		Amount of Each Disbursement this Period 18.36 Transaction ID : SB17.434
City SCOTTSDALE	State AZ Zip Code 85251	
Purpose of Disbursement TRAVEL		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SHAY OIL		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 500 E 32ND ST		Amount of Each Disbursement this Period 6.89 Transaction ID : SB17.433
City YUMA	State AZ Zip Code 85364	
Purpose of Disbursement TRAVEL		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033699

**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 368 OF 516
	<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. TREVOR ABARZUA		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address 6400 E THOMAS RD, APT 1060		Amount of Each Disbursement this Period 709.43 Transaction ID : SB17.223	
City SCOTTSDALE	State AZ	Zip Code 85251	Category/ Type
Purpose of Disbursement TRAVEL/PER DIEM/MILEAGE			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. TREVOR ABARZUA		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 799.09 Transaction ID : SB17.224	
City PHOENIX	State AZ	Zip Code 85016	Category/ Type
Purpose of Disbursement PAYROLL			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. TREVOR ABARZUA		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 799.09 Transaction ID : SB17.225	
City PHOENIX	State AZ	Zip Code 85016	Category/ Type
Purpose of Disbursement PAYROLL			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2307.61
TOTAL This Period (last page this line number only).....	

201602020200033700

**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 369 OF 516
	<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. TREVOR ABARZUA		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 799.09	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.226
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. TREVOR ABARZUA		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 799.09	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.227
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. TREVOR ABARZUA		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 799.09	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.228
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2397.27
TOTAL This Period (last page this line number only).....	

2016020200033701

**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 370 OF 516
	<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. TREVOR ABARZUA		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 799.09	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.229
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. BLAZE BAGGS		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015	
Mailing Address 525 E LOMA VISTA DR		Amount of Each Disbursement this Period 25.00	
City TEMPE	State AZ	Zip Code 85282	Transaction ID : SB17.54
Purpose of Disbursement FACILITY RENTAL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. ARIZONA STATE UNIVERSITY		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015	
Mailing Address PO BOX 2260		Amount of Each Disbursement this Period 25.00	
City TEMPE	State AZ	Zip Code 85280	Transaction ID : SB17.337
Purpose of Disbursement FACILITY RENTAL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	824.09
TOTAL This Period (last page this line number only).....	

201602020200033702

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 371 OF 516	
	<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. BLAZE BAGGS		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address 525 E LOMA VISTA DR		Amount of Each Disbursement this Period 258.10	
City TEMPE	State AZ	Zip Code 85282	Transaction ID : SB17.55
Purpose of Disbursement TRAVEL/FOOD AND BEVERAGE		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. BLAZE BAGGS		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address 525 E LOMA VISTA DR		Amount of Each Disbursement this Period 100.00	
City TEMPE	State AZ	Zip Code 85282	Transaction ID : SB17.335
Purpose of Disbursement PER DIEM/MILEAGE		Category/Type	
Candidate Name		[MEMO ITEM]	
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. CVS-85016		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address 1610 E CAMELBACK RD		Amount of Each Disbursement this Period 21.00	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.333
Purpose of Disbursement CLEANING SUPPLIES		Category/Type	
Candidate Name		[MEMO ITEM]	
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).....	258.10
TOTAL This Period (last page this line number only).....	

2016020200033703

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) 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. STAPLES		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address: 963 NORLAND AVE		Amount of Each Disbursement this Period 20.45 Transaction ID : SB17.332
City CHAMBERSBURG	State PA	
Zip Code 17201	Purpose of Disbursement PRINTING	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. TARGET		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address: 4515 E THOMAS RD		Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.334
City PHOENIX	State AZ	
Zip Code 85018	Purpose of Disbursement FOOD AND BEVERAGE	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. UPS		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address: 8409 LEE HWY		Amount of Each Disbursement this Period 11.84 Transaction ID : SB17.331
City MERRIFIELD	State VA	
Zip Code 22081	Purpose of Disbursement DELIVERY	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033704

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 373 OF 516
	<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. WALMART		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address: 3721 E THOMAS RD		Amount of Each Disbursement this Period 92.81	
City: PHOENIX	State: AZ	Zip Code: 85018	Transaction ID : SB17.330 [MEMO ITEM]
Purpose of Disbursement FOOD AND BEVERAGE		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. BLAZE BAGGS		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015	
Mailing Address: 1702 E HIGHLAND		Amount of Each Disbursement this Period 1898.80	
City: PHOENIX	State: AZ	Zip Code: 85016	Transaction ID : SB17.56
Purpose of Disbursement PAYROLL		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. BLAZE BAGGS		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015	
Mailing Address: 1702 E HIGHLAND		Amount of Each Disbursement this Period 1898.80	
City: PHOENIX	State: AZ	Zip Code: 85016	Transaction ID : SB17.57
Purpose of Disbursement PAYROLL		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	3797.60
TOTAL This Period (last page this line number only).....	

2016020200033705

**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.

A. BLAZE BAGGS Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 1702 E HIGHLAND		MM / DD / YYYY 11 / 13 / 2015	
City PHOENIX	State AZ	Zip Code 85016	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL		1898.80	
Candidate Name		Transaction ID : SB17.58	
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:	Category/ Type	

B. BLAZE BAGGS Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 1702 E HIGHLAND		MM / DD / YYYY 11 / 30 / 2015	
City PHOENIX	State AZ	Zip Code 85016	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL		1898.80	
Candidate Name		Transaction ID : SB17.59	
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:	Category/ Type	

C. BLAZE BAGGS Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 1702 E HIGHLAND		MM / DD / YYYY 12 / 15 / 2015	
City PHOENIX	State AZ	Zip Code 85016	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL		1898.80	
Candidate Name		Transaction ID : SB17.60	
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:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	5696.40
TOTAL This Period (last page this line number only).....	

2016020200033706

**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. BLAZE BAGGS		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 1898.80 Transaction ID : SB17.61
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. KATHERINE FRANQUIST		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 1056.23 Transaction ID : SB17.151
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. KATHERINE FRANQUIST		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 1810.34 Transaction ID : SB17.152
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4765.37
TOTAL This Period (last page this line number only).....	

2016020200033707

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 376 OF 516	
	<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. Full Name (Last, First, Middle Initial) KATHERINE FRANQUIST		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 1810.34	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.153
Purpose of Disbursement PAYROLL		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

B. Full Name (Last, First, Middle Initial) KATHERINE FRANQUIST		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 1810.34	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.154
Purpose of Disbursement PAYROLL		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

C. Full Name (Last, First, Middle Initial) KATHERINE FRANQUIST		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 1810.34	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.155
Purpose of Disbursement PAYROLL		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$	5431.02
TOTAL This Period (last page this line number only).....	\$	

201602020200033708

**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 377 OF 516	
	<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. KATHERINE FRANQUIST		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 1810.34	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.156
Purpose of Disbursement PAYROLL		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. TAMARA HALLISEY		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015	
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 1807.78	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.210
Purpose of Disbursement PAYROLL		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. TAMARA HALLISEY		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015	
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 1807.78	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.211
Purpose of Disbursement PAYROLL		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	5425.90
TOTAL This Period (last page this line number only).....	

201602020200033709

**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 378 OF 516	
	<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. TAMARA HALLISEY		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 1807.78 Transaction ID : SB17.212
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PAYROLL	
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. TAMARA HALLISEY		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 1807.78 Transaction ID : SB17.213
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PAYROLL	
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. TAMARA HALLISEY		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 1807.78 Transaction ID : SB17.214
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PAYROLL	
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).....	5423.34
TOTAL This Period (last page this line number only).....	

2016020200033710

**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 379 OF 516	
	<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. TAMARA HALLISEY		Date of Disbursement
Mailing Address 228 S WASHINGTON ST STE 115		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement PAYROLL	Category/ Type	Amount of Each Disbursement this Period 1807.78
Candidate Name		Transaction ID : SB17.215
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. NANCY JO HANCOCK		Date of Disbursement
Mailing Address 3652 E DARTMOUTH ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City MESA	State AZ	Zip Code 85205
Purpose of Disbursement CATERING	Category/ Type	Amount of Each Disbursement this Period 3447.18
Candidate Name		Transaction ID : SB17.181
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. TIMON G. HARPER		Date of Disbursement
Mailing Address 5317 E FOREST PLEASANT PL		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City CAVE CREEK	State AZ	Zip Code 85331
Purpose of Disbursement PHOTOGRAPHY SVC	Category/ Type	Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB17.219
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).....	6754.96
TOTAL This Period (last page this line number only).....	

2016020200033711

**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 380 OF 516
	<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. AMBER JOHNSON		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 61.92 Transaction ID : SB17.12
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PENS/LABELS	
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. OFFICEDEPOT.COM		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 3366 E WILLOW ST		Amount of Each Disbursement this Period 61.92 Transaction ID : SB17.318 [MEMO ITEM]
City SIGNAL HILL State CA Zip Code 90755	Purpose of Disbursement PENS/LABELS	
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. AMBER JOHNSON		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 3132.78 Transaction ID : SB17.13
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PAYROLL	
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).....	3194.70
TOTAL This Period (last page this line number only).....	

2016020200033712

**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 381 OF 516	
	<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. AMBER JOHNSON		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015	
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 3132.78	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.14
Purpose of Disbursement PAYROLL		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. AMBER JOHNSON		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015	
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 3132.78	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.15
Purpose of Disbursement PAYROLL		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. AMBER JOHNSON		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015	
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 3132.78	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.16
Purpose of Disbursement PAYROLL		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9398.34
TOTAL This Period (last page this line number only).....	

2016020200033713

**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 382 OF 516	
	<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. AMBER JOHNSON		Date of Disbursement
Mailing Address 228 S WASHINGTON ST STE 115		<input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement PAYROLL	<input type="text"/>	Amount of Each Disbursement this Period 3132.78
Candidate Name	Category/Type	Transaction ID : SB17.17
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. AMBER JOHNSON		Date of Disbursement
Mailing Address 228 S WASHINGTON ST STE 115		<input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement PAYROLL	<input type="text"/>	Amount of Each Disbursement this Period 3132.78
Candidate Name	Category/Type	Transaction ID : SB17.18
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. AUSTIN KENNEDY		Date of Disbursement
Mailing Address 116 3RD ST NE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement TRAVEL/LOGISTICS CONSULTING	<input type="text"/>	Amount of Each Disbursement this Period 370.04
Candidate Name	Category/Type	Transaction ID : SB17.31
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).....	6635.60
TOTAL This Period (last page this line number only).....	

201602020200033714

**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 383 OF 516	
	<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. AUSTIN KENNEDY		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 116 3RD ST NE		Amount of Each Disbursement this Period 276.78
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement LOGISTICS CONSULTING	
Candidate Name		Transaction ID : SB17.322
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 706 MISSION ST		Amount of Each Disbursement this Period 93.26
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement TRAVEL	
Candidate Name		Transaction ID : SB17.323
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. AUSTIN KENNEDY		Date of Disbursement MM / DD / YYYY 12 / 29 / 2015
Mailing Address 116 3RD ST NE		Amount of Each Disbursement this Period 65.85
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement TRAVEL/LOGISTICS CONSULTING	
Candidate Name		Transaction ID : SB17.32
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	65.85
TOTAL This Period (last page this line number only).....	

2016020200033715

**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 384 OF 516	
	<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. AUSTIN KENNEDY		Date of Disbursement MM / DD / YYYY 12 / 29 / 2015	
Mailing Address 116 3RD ST NE		Amount of Each Disbursement this Period 55.36	
City WASHINGTON	State DC	Zip Code 20002	Transaction ID : SB17.326 [MEMO ITEM]
Purpose of Disbursement LOGISTICS CONSULTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 12 / 29 / 2015	
Mailing Address 706 MISSION ST		Amount of Each Disbursement this Period 10.49	
City SAN FRANCISCO	State CA	Zip Code 94103	Transaction ID : SB17.327 [MEMO ITEM]
Purpose of Disbursement TRAVEL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. LAUREN KENNEDY		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015	
Mailing Address 1011 O ST NW		Amount of Each Disbursement this Period 42.60	
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SB17.157
Purpose of Disbursement PRINTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	42.60
TOTAL This Period (last page this line number only).....	

201602020200033716

**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 385 OF 516	
	<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. UNITED STATES SENATE		Date of Disbursement
Mailing Address 232 HART BLDG		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City WASHINGTON	State DC	Zip Code 20510
Purpose of Disbursement PRINTING	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="42.60"/>
Candidate Name	Category/Type	Transaction ID : SB17.411
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)	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. DYLAN LEFLER		Date of Disbursement
Mailing Address 1702 E HIGHLAND		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement PAYROLL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1389.96"/>
Candidate Name	Category/Type	Transaction ID : SB17.100
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. DYLAN LEFLER		Date of Disbursement
Mailing Address 1702 E HIGHLAND		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement PAYROLL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1389.96"/>
Candidate Name	Category/Type	Transaction ID : SB17.101
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).....	2779.92
TOTAL This Period (last page this line number only).....	

2016020200033717

**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 386 OF 516			
	<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. DYLAN LEFLER		Date of Disbursement
Mailing Address 1702 E HIGHLAND		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
PHOENIX	AZ	85016
Purpose of Disbursement PAYROLL	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1389.96"/>
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Transaction ID : SB17.102

Full Name (Last, First, Middle Initial) B. DYLAN LEFLER		Date of Disbursement
Mailing Address 2803 E ROSEWOOD DR		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
CHANDLER	AZ	85224
Purpose of Disbursement TRAVEL/MILEAGE/PER DIEM	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="425.94"/>
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Transaction ID : SB17.94

Full Name (Last, First, Middle Initial) C. DYLAN LEFLER		Date of Disbursement
Mailing Address 2803 E ROSEWOOD DR		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
CHANDLER	AZ	85224
Purpose of Disbursement PER DIEM/MILEAGE	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="209.76"/>
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Transaction ID : SB17.341
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="1815.90"/>
TOTAL This Period (last page this line number only).....	

2016020200033718

**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 387 OF 516	
	<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. CHEVRON		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address: 6001 BOLLINGER CANYON RD		Amount of Each Disbursement this Period 3.00	
City: SAN RAMON	State: CA	Zip Code: 94583	Transaction ID : SB17.347 [MEMO ITEM]
Purpose of Disbursement TRAVEL		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. CHICK-FIL-A		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address: 03191 16TH ST		Amount of Each Disbursement this Period 6.70	
City: PHOENIX	State: AZ	Zip Code: 85008	Transaction ID : SB17.342 [MEMO ITEM]
Purpose of Disbursement FOOD AND BEVERAGE		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. CIRCLE K		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address: PO BOX 52085		Amount of Each Disbursement this Period 1.08	
City: PHOENIX	State: AZ	Zip Code: 85072	Transaction ID : SB17.348 [MEMO ITEM]
Purpose of Disbursement TRAVEL		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033719

**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 388 OF 516	
	<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. FRY'S FOOD-PHOENIX		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 4724 N 20TH ST		Amount of Each Disbursement this Period 3.25 Transaction ID : SB17.353
City PHOENIX	State AZ Zip Code 85016	
Purpose of Disbursement FOOD AND BEVERAGE	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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. KIMO ENT		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 1010 E PECOS RD		Amount of Each Disbursement this Period 25.01 Transaction ID : SB17.351
City CHANDLER	State AZ Zip Code 85224	
Purpose of Disbursement TRAVEL	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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. LITTLE ITALYS		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 17750 W ELLIOT RD		Amount of Each Disbursement this Period 100.80 Transaction ID : SB17.354
City GOODYEAR	State AZ Zip Code 85338	
Purpose of Disbursement FOOD AND BEVERAGE	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:	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033720

**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 389 OF 516	
	<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. MARINO'S MOB BURGERS		Date of Disbursement
Mailing Address: 113 S CORTEZ		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City: PRESCOTT State: AZ Zip Code: 86303		Amount of Each Disbursement this Period
Purpose of Disbursement: FOOD AND BEVERAGE		<input type="text" value="13.10"/>
Candidate Name		Transaction ID : SB17.345
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) B. MCDONALDS		Date of Disbursement
Mailing Address: 750 W CAMELBACK RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City: PHOENIX State: AZ Zip Code: 85013		Amount of Each Disbursement this Period
Purpose of Disbursement: FOOD AND BEVERAGE		<input type="text" value="6.94"/>
Candidate Name		Transaction ID : SB17.352
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) C. PRESCOTT BREWING CO		Date of Disbursement
Mailing Address: 130 W FURLEY		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City: PRESCOTT State: AZ Zip Code: 86301		Amount of Each Disbursement this Period
Purpose of Disbursement: FOOD AND BEVERAGE		<input type="text" value="19.63"/>
Candidate Name		Transaction ID : SB17.344
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....	

2016020200033721

**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 390 OF 516	
	<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. STARBUCKS-PHOENIX		Date of Disbursement							
Mailing Address 2824 N 44TH ST		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>03</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	03	2015
M M	D D	Y Y Y Y							
11	03	2015							
City PHOENIX	State AZ	Zip Code 85001	Amount of Each Disbursement this Period						
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type	10.19						
Candidate Name			Transaction ID : SB17.346						
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	[MEMO ITEM]						
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							

Full Name (Last, First, Middle Initial) B. STARBUCKS-PHOENIX		Date of Disbursement							
Mailing Address 2824 N 44TH ST		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>03</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	03	2015
M M	D D	Y Y Y Y							
11	03	2015							
City PHOENIX	State AZ	Zip Code 85001	Amount of Each Disbursement this Period						
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type	4.49						
Candidate Name			Transaction ID : SB17.349						
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	[MEMO ITEM]						
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							

Full Name (Last, First, Middle Initial) C. STARBUCKS-PHOENIX		Date of Disbursement							
Mailing Address 2824 N 44TH ST		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>03</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	03	2015
M M	D D	Y Y Y Y							
11	03	2015							
City PHOENIX	State AZ	Zip Code 85001	Amount of Each Disbursement this Period						
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type	9.99						
Candidate Name			Transaction ID : SB17.350						
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	[MEMO ITEM]						
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201602020200033722

**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 391 OF 516	
	<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. YAVAPAI FAIR		Date of Disbursement
Mailing Address PO BOX 1271		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
CHINO VALLEY	AZ	86323
Purpose of Disbursement EVENT TICKETS	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value=""/>
Office Sought:	Disbursement For:	Transaction ID : SB17.343
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. DYLAN LEFLER		Date of Disbursement
Mailing Address 2803 E ROSEWOOD DR		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
CHANDLER	AZ	85224
Purpose of Disbursement TRAVEL/MILEAGE/PER DIEM	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value=""/>
Office Sought:	Disbursement For:	Transaction ID : SB17.95
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. DYLAN LEFLER		Date of Disbursement
Mailing Address 2803 E ROSEWOOD DR		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
CHANDLER	AZ	85224
Purpose of Disbursement PER DIEM/MILEAGE	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value=""/>
Office Sought:	Disbursement For:	Transaction ID : SB17.364
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="229.98"/>
TOTAL This Period (last page this line number only).....	

2016020200033723

**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 392 OF 516	
	<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. ARIZONA STATE UNIVERSITY		Date of Disbursement
Mailing Address PO BOX 2280		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City TEMPE	State AZ	Zip Code 85280
Purpose of Disbursement PARKING	<input type="text"/>	Amount of Each Disbursement this Period 6.00
Candidate Name	Category/Type	Transaction ID : SB17.358
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CIRCLE K		Date of Disbursement
Mailing Address PO BOX 52085		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City PHOENIX	State AZ	Zip Code 85072
Purpose of Disbursement TRAVEL	<input type="text"/>	Amount of Each Disbursement this Period 12.00
Candidate Name	Category/Type	Transaction ID : SB17.356
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. CIRCLE K		Date of Disbursement
Mailing Address PO BOX 52085		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City PHOENIX	State AZ	Zip Code 85072
Purpose of Disbursement FOOD AND BEVERAGE	<input type="text"/>	Amount of Each Disbursement this Period 7.90
Candidate Name	Category/Type	Transaction ID : SB17.360
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033724

**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 393 OF 516	
	<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. COSTCO WHOLESALE-PHOENIX		Date of Disbursement
Mailing Address 1703 W BETHANY HOME RD		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City PHOENIX	State AZ	Zip Code 85015
Purpose of Disbursement FOOD AND BEVERAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="80.08"/>
Candidate Name	Category/Type	Transaction ID : SB17.363
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. IN-N-OUT BURGER		Date of Disbursement
Mailing Address 1979 E AJO WAY		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City TUCSON	State AZ	Zip Code 85718
Purpose of Disbursement FOOD AND BEVERAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="7.57"/>
Candidate Name	Category/Type	Transaction ID : SB17.357
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. QUICKTRIP CORPORATION		Date of Disbursement
Mailing Address 1610 E HIGHLAND AVE		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement TRAVEL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="25.81"/>
Candidate Name	Category/Type	Transaction ID : SB17.359
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201602020200033725

**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 394 OF 516	
	<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. SUBWAY-TUCSON		Date of Disbursement
Mailing Address 2245 E IRVINGTON RD		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City TUCSON	State AZ	Zip Code 85714
Purpose of Disbursement FOOD AND BEVERAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="15.13"/>
Candidate Name	Category/Type	Transaction ID : SB17.362
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. WENDYS PHOENIX		Date of Disbursement
Mailing Address 4915 E CHANDLER BLVD		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City PHOENIX	State AZ	Zip Code 85048
Purpose of Disbursement FOOD AND BEVERAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="17.99"/>
Candidate Name	Category/Type	Transaction ID : SB17.361
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DYLAN LEFLER		Date of Disbursement
Mailing Address 2803 E ROSEWOOD DR		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City CHANDLER	State AZ	Zip Code 85224
Purpose of Disbursement TRAVEL/MILEAGE/PER DIEM	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="28.13"/>
Candidate Name	Category/Type	Transaction ID : SB17.96
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).....	<input type="text" value="28.13"/>
TOTAL This Period (last page this line number only).....	

2016020200033726

**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 395 OF 516	
	<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. STARBUCKS-PHOENIX		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 22 / 2015
Mailing Address 2824 N 44TH ST		Amount of Each Disbursement this Period 12 / 22 / 2015 4.49 Transaction ID : SB17.367 [MEMO ITEM]
City PHOENIX	State AZ Zip Code 85001	
Purpose of Disbursement FOOD AND BEVERAGE	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. WINCO FOODS		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 22 / 2015
Mailing Address 222 W WILLIS RD		Amount of Each Disbursement this Period 12 / 22 / 2015 23.64 Transaction ID : SB17.366 [MEMO ITEM]
City CHANDLER	State AZ Zip Code 85286	
Purpose of Disbursement FOOD AND BEVERAGE	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. DYLAN LEFLER		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 15 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 10 / 15 / 2015 1818.83 Transaction ID : SB17.97
City PHOENIX	State AZ Zip Code 85016	
Purpose of Disbursement PAYROLL	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).....	1818.83
TOTAL This Period (last page this line number only).....	

2016020200033727

**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 396 OF 516
	<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. DYLAN LEFLER		Date of Disbursement
Mailing Address 1702 E HIGHLAND		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement PAYROLL	Category/ Type	Amount of Each Disbursement this Period 1389.96
Candidate Name		Transaction ID : SB17.98
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. DYLAN LEFLER		Date of Disbursement
Mailing Address 1702 E HIGHLAND		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement PAYROLL	Category/ Type	Amount of Each Disbursement this Period 1389.96
Candidate Name		Transaction ID : SB17.99
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. RONALD W. LOU		Date of Disbursement
Mailing Address 2390 W MEGAN ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City CHANDLER	State AZ	Zip Code 85224-3488
Purpose of Disbursement IN-KIND CONTRIBUTION	Category/ Type	Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB17.3098020
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	CATERING	

SUBTOTAL of Disbursements This Page (optional).....	3779.92
TOTAL This Period (last page this line number only).....	

2016020200033728

**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 397 OF 516
	<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. ALEX MILLIKEN		Date of Disbursement
Mailing Address 1702 E HIGHLAND		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement PAYROLL	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period 824.09
Candidate Name	Transaction ID : SB17.10	
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. ALEX MILLIKEN		Date of Disbursement
Mailing Address 1702 E HIGHLAND		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement PAYROLL	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period 824.09
Candidate Name	Transaction ID : SB17.11	
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. ALEX MILLIKEN		Date of Disbursement
Mailing Address 1702 E HIGHLAND		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement TRAVEL/MILEAGE/PER DIEM	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period 165.00
Candidate Name	Transaction ID : SB17.2	
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).....	1813.18
TOTAL This Period (last page this line number only).....	

2016020200033729

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 398 OF 516	
	<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. ALEX MILLIKEN		Date of Disbursement MEM / DD / YYYY 11 / 03 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 446.40	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.3
Purpose of Disbursement TRAVEL/MILEAGE/PER DIEM		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. ALEX MILLIKEN		Date of Disbursement MEM / DD / YYYY 12 / 03 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 256.05	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.4
Purpose of Disbursement TRAVEL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. ALEX MILLIKEN		Date of Disbursement MEM / DD / YYYY 12 / 02 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 166.66	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.311 [MEMO ITEM]
Purpose of Disbursement MILEAGE/PER DIEM		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	702.45
TOTAL This Period (last page this line number only).....	

201602020200033730

**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. ACE

Full Name (Last, First, Middle Initial)
Mailing Address: **725 W APACHE TRAIL**

City: **APACHE JUNCTION** State: **AZ** Zip Code: **85120**

Purpose of Disbursement: **WOOD STAKES**

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: **12 / 02 / 2015**

Amount of Each Disbursement this Period: **3.26**

Transaction ID: **SB17.308**

[MEMO ITEM]

B. ACE PARKING

Full Name (Last, First, Middle Initial)
Mailing Address: **ONE EAST WASHINGTON ST**

City: **PHOENIX** State: **AZ** Zip Code: **85004**

Purpose of Disbursement: **PARKING**

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: **12 / 02 / 2015**

Amount of Each Disbursement this Period: **1.20**

Transaction ID: **SB17.306**

[MEMO ITEM]

C. ARIZONA STATE UNIVERSITY ATHLETICS

Full Name (Last, First, Middle Initial)
Mailing Address: **600 E VETERANS WAY**

City: **TEMPE** State: **AZ** Zip Code: **85287**

Purpose of Disbursement: **FOOD AND BEVERAGES**

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: **12 / 02 / 2015**

Amount of Each Disbursement this Period: **32.00**

Transaction ID: **SB17.304**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033731

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 400 OF 516			
	<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. ARIZONA STATE UNIVERSITY ATHLETICS		Date of Disbursement 12 / 02 / 2015
Mailing Address: 600 E VETERANS WAY		Amount of Each Disbursement this Period 8.00
City TEMPE	State AZ	
Zip Code 85287	Purpose of Disbursement PARKING	Transaction ID : SB17.305
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DOLLAR GENERAL		Date of Disbursement 12 / 02 / 2015
Mailing Address: 725 W APACHE TR		Amount of Each Disbursement this Period 10.93
City APACHE JUNCTION	State AZ	
Zip Code 85120	Purpose of Disbursement FOOD AND BEVERAGE	Transaction ID : SB17.309
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DUCK & DECANter		Date of Disbursement 12 / 02 / 2015
Mailing Address: 1651 E CAMELBACK RD		Amount of Each Disbursement this Period 30.00
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement FOOD AND BEVERAGE	Transaction ID : SB17.310
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033732

**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 401 OF 516	
	<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. SCOTTS STUCCO WORKS		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 4380 N COLT RD		Amount of Each Disbursement this Period 4.00 Transaction ID : SB17.307
City APACHE JUNCTION	State AZ	
Zip Code 85119	Purpose of Disbursement WOOD STAKES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. ALEX MILLIKEN		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 89.43 Transaction ID : SB17.5
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BUFFALO WILD WINGS		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 705 S RURAL RD		Amount of Each Disbursement this Period 21.78 Transaction ID : SB17.315
City TEMPE	State AZ	
Zip Code 85281	Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	89.43
TOTAL This Period (last page this line number only).....	

2016020200033733

**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 402 OF 516	
	<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. DUCK & DECANTER		Date of Disbursement
Mailing Address 1651 E CAMELBACK RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="23.12"/>
Candidate Name		Transaction ID : SB17.314
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. HAYDEN SQUARE WEST LOT		Date of Disbursement
Mailing Address 430 S ASH AVE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City TEMPE	State AZ	Zip Code 85281
Purpose of Disbursement PARKING SVC	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="10.00"/>
Candidate Name		Transaction ID : SB17.316
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. PARTY CITY		Date of Disbursement
Mailing Address 821 N DOBSON RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City MESA	State AZ	Zip Code 85201
Purpose of Disbursement BALLOONS	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="34.53"/>
Candidate Name		Transaction ID : SB17.313
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....	

2016020200033734

**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.

A. ALEX MILLIKEN

Full Name (Last, First, Middle Initial)
A. ALEX MILLIKEN

Mailing Address 1702 E HIGHLAND

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 15 / 2015

Amount of Each Disbursement this Period: 824.09

Transaction ID : SB17.6

B. ALEX MILLIKEN

Full Name (Last, First, Middle Initial)
B. ALEX MILLIKEN

Mailing Address 1702 E HIGHLAND

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 30 / 2015

Amount of Each Disbursement this Period: 824.09

Transaction ID : SB17.7

C. ALEX MILLIKEN

Full Name (Last, First, Middle Initial)
C. ALEX MILLIKEN

Mailing Address 1702 E HIGHLAND

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 13 / 2015

Amount of Each Disbursement this Period: 824.09

Transaction ID : SB17.8

SUBTOTAL of Disbursements This Page (optional)..... 2472.27

TOTAL This Period (last page this line number only).....

2016020200033735

**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 404 OF 516	
	<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. ALEX MILLIKEN		Date of Disbursement							
Mailing Address 1702 E HIGHLAND		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>30</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	30	2015
M M	D D	Y Y Y Y							
11	30	2015							
City PHOENIX	State AZ	Zip Code 85016	Amount of Each Disbursement this Period						
Purpose of Disbursement PAYROLL		<table border="1"> <tr> <td>824.09</td> </tr> </table>		824.09					
824.09									
Candidate Name		Transaction ID : SB17.9							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	Category/Type						
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							

Full Name (Last, First, Middle Initial) B. ANA PEREIRA		Date of Disbursement							
Mailing Address 1702 E HIGHLAND		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td>05</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	10	05	2015
M M	D D	Y Y Y Y							
10	05	2015							
City PHOENIX	State AZ	Zip Code 85016	Amount of Each Disbursement this Period						
Purpose of Disbursement PAYROLL		<table border="1"> <tr> <td>691.94</td> </tr> </table>		691.94					
691.94									
Candidate Name		Transaction ID : SB17.22							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	Category/Type						
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							

Full Name (Last, First, Middle Initial) C. ANA PEREIRA		Date of Disbursement							
Mailing Address 1702 E HIGHLAND		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td>15</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	10	15	2015
M M	D D	Y Y Y Y							
10	15	2015							
City PHOENIX	State AZ	Zip Code 85016	Amount of Each Disbursement this Period						
Purpose of Disbursement PAYROLL		<table border="1"> <tr> <td>2251.59</td> </tr> </table>		2251.59					
2251.59									
Candidate Name		Transaction ID : SB17.23							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	Category/Type						
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							

SUBTOTAL of Disbursements This Page (optional).....	3767.62
TOTAL This Period (last page this line number only).....	

2016020200033736

**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 405 OF 516	
	<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. ANA PEREIRA		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 2251.59 Transaction ID : SB17.24
City PHOENIX State AZ Zip Code 85016	Purpose of Disbursement PAYROLL	
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. ANA PEREIRA		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 2251.59 Transaction ID : SB17.25
City PHOENIX State AZ Zip Code 85016	Purpose of Disbursement PAYROLL	
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. ANA PEREIRA		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 2251.59 Transaction ID : SB17.26
City PHOENIX State AZ Zip Code 85016	Purpose of Disbursement PAYROLL	
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).....	6754.77
TOTAL This Period (last page this line number only).....	

2016020200033737

**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. ANA PEREIRA		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 2251.59 Transaction ID : SB17.27
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANA PEREIRA		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 2251.59 Transaction ID : SB17.28
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. JANA PIERCE		Date of Disbursement MM / DD / YYYY 11 / 18 / 2015
Mailing Address 7203 S 65TH DR		Amount of Each Disbursement this Period 726.77 Transaction ID : SB17.142
City LAVEEN	State AZ	
Zip Code 85339	Purpose of Disbursement FOOD AND BEVERAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5229.95
TOTAL This Period (last page this line number only).....	

2016020200033738

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules 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. CAFE ZUPAS		Date of Disbursement MM / DD / YYYY 11 / 18 / 2015
Mailing Address 1935 E CAMELBACK RD		Amount of Each Disbursement this Period 94.11
City PHOENIX	State AZ	
Zip Code 85016		Transaction ID : SB17.382
Purpose of Disbursement FOOD AND BEVERAGES		
Candidate Name		[MEMO ITEM]
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. CITY MARKET DELI		Date of Disbursement MM / DD / YYYY 11 / 18 / 2015
Mailing Address 2201 E CAMELBACK RD		Amount of Each Disbursement this Period 93.04
City PHOENIX	State AZ	
Zip Code 85016		Transaction ID : SB17.372
Purpose of Disbursement FOOD AND BEVERAGES		
Candidate Name		[MEMO ITEM]
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. DOLLAR TREE STORES		Date of Disbursement MM / DD / YYYY 11 / 18 / 2015
Mailing Address 7750 E MCDOWELL AVE		Amount of Each Disbursement this Period 14.66
City SCOTTSDALE	State AZ	
Zip Code 85257		Transaction ID : SB17.371
Purpose of Disbursement FOOD AND BEVERAGES		
Candidate Name		[MEMO ITEM]
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).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033739

**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 408 OF 516	
	<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. DOLLAR TREE STORES		Date of Disbursement
Mailing Address 7750 E MCDOWELL AVE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City SCOTTSDALE	State AZ	Zip Code 85257
Purpose of Disbursement FOOD AND BEVERAGES	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="12.08"/>
Candidate Name		Transaction ID : SB17.375
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DOLLAR TREE STORES		Date of Disbursement
Mailing Address 7750 E MCDOWELL AVE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City SCOTTSDALE	State AZ	Zip Code 85257
Purpose of Disbursement FOOD AND BEVERAGES	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="8.66"/>
Candidate Name		Transaction ID : SB17.380
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. EINSTEIN BROS #3090		Date of Disbursement
Mailing Address 1641 E CAMELBACK RD STE 103		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement FOOD AND BEVERAGES	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="16.23"/>
Candidate Name		Transaction ID : SB17.376
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033740

**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 409 OF 516	
	<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. FRY'S FOOD-PHOENIX		Date of Disbursement
Mailing Address: 4724 N 20TH ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement FOOD AND BEVERAGES	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="47.61"/>
Candidate Name		Transaction ID : SB17.373
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. FRY'S FOOD-PHOENIX		Date of Disbursement
Mailing Address: 4724 N 20TH ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement FOOD AND BEVERAGES	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="25.65"/>
Candidate Name		Transaction ID : SB17.377
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. FRY'S FOOD-PHOENIX		Date of Disbursement
Mailing Address: 4724 N 20TH ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement FOOD AND BEVERAGES	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="36.09"/>
Candidate Name		Transaction ID : SB17.381
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033741

**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 410 OF 516	
	<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. MCDONALDS		Date of Disbursement MM / DD / YYYY 11 / 18 / 2015	
Mailing Address 750 W CAMELBACK RD		Amount of Each Disbursement this Period 17.91	
City PHOENIX	State AZ	Zip Code 85013	Transaction ID : SB17.379 [MEMO ITEM]
Purpose of Disbursement FOOD AND BEVERAGES		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. MICHAELS PHOENIX		Date of Disbursement MM / DD / YYYY 11 / 18 / 2015	
Mailing Address 1925 E CAMELBACK RD STE 132		Amount of Each Disbursement this Period 7.09	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.383 [MEMO ITEM]
Purpose of Disbursement PRINTING		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. OREGANO'S PIZZA BISTRO-PHOENIX		Date of Disbursement MM / DD / YYYY 11 / 18 / 2015	
Mailing Address 1008 E CAMELBACK RD		Amount of Each Disbursement this Period 172.94	
City PHOENIX	State AZ	Zip Code 85014	Transaction ID : SB17.378 [MEMO ITEM]
Purpose of Disbursement FOOD AND BEVERAGES		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033742

**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 411 OF 516	
	<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. SAFEWAY STORE MESA		Date of Disbursement
Mailing Address 1225 W GUADALUPE RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City MESA	State AZ	Zip Code 85202
Purpose of Disbursement FOOD AND BEVERAGES	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="15.00"/>
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: _____	Category/Type	Transaction ID : SB17.385 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. SENATE GIFT SHOP WAREHOUSE		Date of Disbursement
Mailing Address HART SENATE BLDG		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City WASHINGTON	State DC	Zip Code 20510
Purpose of Disbursement PLATES AND JARS	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="149.45"/>
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: _____	Category/Type	Transaction ID : SB17.384 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement
Mailing Address 3721 E THOMAS RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85018
Purpose of Disbursement FOOD AND BEVERAGES	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="16.25"/>
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: _____	Category/Type	Transaction ID : SB17.374 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033743

**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 412 OF 516			
	<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. VIRGINIA POUNDS		Date of Disbursement							
Mailing Address 2100 LAURANCE CT		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>18</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	18	2015
M M	D D	Y Y Y Y							
11	18	2015							
City	State	Zip Code	Amount of Each Disbursement this Period						
CROFTON	MD	21114	79.13						
Purpose of Disbursement FOOD AND BEVERAGES		Category/Type	Transaction ID : SB17.234						
Candidate Name									
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>						
State:	District:								

Full Name (Last, First, Middle Initial) B. CHICK-FIL-A		Date of Disbursement							
Mailing Address 03191 16TH ST		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>18</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	18	2015
M M	D D	Y Y Y Y							
11	18	2015							
City	State	Zip Code	Amount of Each Disbursement this Period						
PHOENIX	AZ	85008	65.29						
Purpose of Disbursement FOOD AND BEVERAGES		Category/Type	Transaction ID : SB17.439						
Candidate Name		[MEMO ITEM]							
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>						
State:	District:								

Full Name (Last, First, Middle Initial) C. GIANT		Date of Disbursement							
Mailing Address 1161 MARYLAND ROUTE 3 N		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>18</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	18	2015
M M	D D	Y Y Y Y							
11	18	2015							
City	State	Zip Code	Amount of Each Disbursement this Period						
CROFTON	MD	21054	13.84						
Purpose of Disbursement FOOD AND BEVERAGES		Category/Type	Transaction ID : SB17.440						
Candidate Name		[MEMO ITEM]							
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>						
State:	District:								

SUBTOTAL of Disbursements This Page (optional).....	79.13
TOTAL This Period (last page this line number only).....	

201602020003744

**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 413 OF 516
	<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. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 10 / 03 / 2015	
Mailing Address 2475 BRICKELL AVE		Amount of Each Disbursement this Period 7125.00	
City MIAMI	State FL	Zip Code 33129	Transaction ID : SB17.198
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. MR. ED M. ROGERS		Date of Disbursement MM / DD / YYYY 10 / 22 / 2015	
Mailing Address 601 THIRTEENTH STREET, NW 11THE FLOOR SOUT		Amount of Each Disbursement this Period 2700.00	
City WASHINGTON	State DC	Zip Code 20005-3807	Transaction ID : SB17.3098439
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. MRS. EDWINA C. ROGERS		Date of Disbursement MM / DD / YYYY 10 / 22 / 2015	
Mailing Address 601 THIRTEENTH STREET, NW 11THE FLOOR SOUT		Amount of Each Disbursement this Period 142.00	
City WASHINGTON	State DC	Zip Code 20005-3807	Transaction ID : SB17.3098439_B
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9967.00
TOTAL This Period (last page this line number only).....	

201602020003745

**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 414 OF 516			
	<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. LORNA ROMERO		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address 1726 N SIERRA VISTA DR		Amount of Each Disbursement this Period 1068.38 Transaction ID : SB17.159
City TEMPE	State AZ	
Purpose of Disbursement TRAVEL/PER DIEM/MILEAGE	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. LORNA ROMERO		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address 1726 N SIERRA VISTA DR		Amount of Each Disbursement this Period 255.16 Transaction ID : SB17.423 [MEMO ITEM]
City TEMPE	State AZ	
Purpose of Disbursement PER DIEM/MILEAGE	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. COSTCO WHOLESALE-PHOENIX		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address 1703 W BETHANY HOME RD		Amount of Each Disbursement this Period 359.88 Transaction ID : SB17.417 [MEMO ITEM]
City PHOENIX	State AZ	
Purpose of Disbursement CATERING	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1068.38
TOTAL This Period (last page this line number only).....	

2016020200033746

**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 415 OF 516
	<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. DOLLAR TREE STORES		Date of Disbursement
Mailing Address 7750 E MCDOWELL AVE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City SCOTTSDALE State AZ Zip Code 85257		Amount of Each Disbursement this Period
Purpose of Disbursement BALLOONS	Candidate Name	<input type="text"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		26.99
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type	Transaction ID : SB17.416
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. EL CHARRO CAFE		Date of Disbursement
Mailing Address 311 N COURT AVE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City TUSCON State AZ Zip Code 85701		Amount of Each Disbursement this Period
Purpose of Disbursement FOOD AND BEVERAGE	Candidate Name	<input type="text"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		78.59
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type	Transaction ID : SB17.420
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. EMBASSY SUITES-TEMPE		Date of Disbursement
Mailing Address 1726 N SIERRA VISTA		<input type="text"/> / <input type="text"/> / <input type="text"/>
City TEMPE State AZ Zip Code 85281		Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	Candidate Name	<input type="text"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		189.50
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type	Transaction ID : SB17.418
State: District:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033747

**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 416 OF 516	
	<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. PARTY CITY		Date of Disbursement
Mailing Address 821 N DOBSON RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City MESA State AZ Zip Code 85201		Amount of Each Disbursement this Period
Purpose of Disbursement BALLOONS	Candidate Name	<input type="text" value="94.26"/>
Category/Type		Transaction ID : SB17.415
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. STARBUCKS-TUCSON		Date of Disbursement
Mailing Address 6370 N CAMPBELL AVE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City TUCSON State AZ Zip Code 87015		Amount of Each Disbursement this Period
Purpose of Disbursement FOOD AND BEVERAGE	Candidate Name	<input type="text" value="7.21"/>
Category/Type		Transaction ID : SB17.419
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. STARBUCKS-TUCSON		Date of Disbursement
Mailing Address 6370 N CAMPBELL AVE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City TUCSON State AZ Zip Code 87015		Amount of Each Disbursement this Period
Purpose of Disbursement FOOD AND BEVERAGE	Candidate Name	<input type="text" value="12.81"/>
Category/Type		Transaction ID : SB17.422
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....	

2016020200033748

**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 417 OF 516	
	<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. VIVACE RESTAURANT		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address: 6440 N CAMPBELL AVE		Amount of Each Disbursement this Period 43.98 Transaction ID : SB17.421
City TUCSON	State AZ	
Zip Code 85718	Purpose of Disbursement FOOD AND BEVERAGE	[MEMO ITEM]
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. LORNA ROMERO		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address: 1702 E HIGHLAND		Amount of Each Disbursement this Period 2571.74 Transaction ID : SB17.160
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement PAYROLL	[MEMO ITEM]
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. LORNA ROMERO		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address: 1702 E HIGHLAND		Amount of Each Disbursement this Period 2571.74 Transaction ID : SB17.161
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement PAYROLL	[MEMO ITEM]
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).....	5143.48
TOTAL This Period (last page this line number only).....	

2016020200033749

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) 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. LORNA ROMERO		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 2571.74 Transaction ID : SB17.162
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement PAYROLL	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) B. LORNA ROMERO		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 2571.74 Transaction ID : SB17.163
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement PAYROLL	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) C. LORNA ROMERO		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 2571.74 Transaction ID : SB17.164
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement PAYROLL	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	7715.22
TOTAL This Period (last page this line number only).....	

2016020200033750

**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. LORNA ROMERO		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address: 1702 E HIGHLAND		Amount of Each Disbursement this Period 2571.74 Transaction ID : SB17.165
City: PHOENIX	State: AZ Zip Code: 85016	
Purpose of Disbursement PAYROLL	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. STEPHEN SHADEGG		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address: 1702 E HIGHLAND		Amount of Each Disbursement this Period 2570.14 Transaction ID : SB17.204
City: PHOENIX	State: AZ Zip Code: 85016	
Purpose of Disbursement PAYROLL	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. STEPHEN SHADEGG		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address: 1702 E HIGHLAND		Amount of Each Disbursement this Period 2570.14 Transaction ID : SB17.205
City: PHOENIX	State: AZ Zip Code: 85016	
Purpose of Disbursement PAYROLL	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).....	7712.02
TOTAL This Period (last page this line number only).....	

2016020200033751

**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 420 OF 516			
	<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. STEPHEN SHADEGG		Date of Disbursement							
Mailing Address 1702 E HIGHLAND		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>13</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	13	2015
M M	D D	Y Y Y Y							
11	13	2015							
City PHOENIX	State AZ	Zip Code 85016	Amount of Each Disbursement this Period						
Purpose of Disbursement PAYROLL		Category/ Type	2570.14						
Candidate Name			Transaction ID : SB17.206						
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. STEPHEN SHADEGG		Date of Disbursement							
Mailing Address 1702 E HIGHLAND		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>30</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	30	2015
M M	D D	Y Y Y Y							
11	30	2015							
City PHOENIX	State AZ	Zip Code 85016	Amount of Each Disbursement this Period						
Purpose of Disbursement PAYROLL		Category/ Type	2570.14						
Candidate Name			Transaction ID : SB17.206						
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. STEPHEN SHADEGG		Date of Disbursement							
Mailing Address 1702 E HIGHLAND		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td>15</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	12	15	2015
M M	D D	Y Y Y Y							
12	15	2015							
City PHOENIX	State AZ	Zip Code 85016	Amount of Each Disbursement this Period						
Purpose of Disbursement PAYROLL		Category/ Type	2570.14						
Candidate Name			Transaction ID : SB17.207						
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).....	7710.42
TOTAL This Period (last page this line number only).....	

2016020200033752

**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 421 OF 516	
	<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. STEPHEN SHADEGG		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 2570.14 Transaction ID : SB17.209
City PHOENIX	State AZ Zip Code 85016	
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. MICHELLE SHIPLEY		Date of Disbursement MM / DD / YYYY 11 / 20 / 2015
Mailing Address 2114 E MONTEBELLO AVE		Amount of Each Disbursement this Period 1385.64 Transaction ID : SB17.180
City PHOENIX	State AZ Zip Code 85016	
Purpose of Disbursement LOGISTICS CONSULTING	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. JULIEANNE TARALLO		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address 2800 WOODLEY RD, NW		Amount of Each Disbursement this Period 113.60 Transaction ID : SB17.150
City WASHINGTON	State DC Zip Code 20008	
Purpose of Disbursement PRINTING	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4069.38
TOTAL This Period (last page this line number only).....	

2016020200033753

**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 422 OF 516	
	<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. UNITED STATES SENATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address 232 HART BLDG		Amount of Each Disbursement this Period 113.60 Transaction ID : SB17.407 [MEMO ITEM]
City WASHINGTON State DC Zip Code 20510	Purpose of Disbursement PRINTING	
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. TUNG VNGUYEN		Date of Disbursement MM / DD / YYYY 10 / 18 / 2015
Mailing Address 20235 N CAVE CREEK		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.3099089 MUSICAL ENTERTAINMENT
City PHOENIX State AZ Zip Code 85024-4424	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DERBY H WATKINS		Date of Disbursement MM / DD / YYYY 10 / 13 / 2015
Mailing Address DHW ASSOCIATES		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.88
City FT MYERS State FL Zip Code 33908	Purpose of Disbursement FINANCE CONSULTING	
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).....	4000.00
TOTAL This Period (last page this line number only).....	

20160202000033754

**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 423 OF 516	
	<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. JARRED WHICKER		Date of Disbursement
Mailing Address 1702 E HIGHLAND		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX State AZ Zip Code 85016		Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL/PER DIEM/MILEAGE	Candidate Name	<input type="text" value=""/>
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:	Category/Type	Transaction ID : SB17.143

Full Name (Last, First, Middle Initial) B. JARRED WHICKER		Date of Disbursement
Mailing Address 1702 E HIGHLAND		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX State AZ Zip Code 85016		Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL/PER DIEM/MILEAGE	Candidate Name	<input type="text" value=""/>
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:	Category/Type	Transaction ID : SB17.144

Full Name (Last, First, Middle Initial) C. JARRED WHICKER		Date of Disbursement
Mailing Address 1702 E HIGHLAND		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX State AZ Zip Code 85016		Amount of Each Disbursement this Period
Purpose of Disbursement PER DIEM/MILEAGE	Candidate Name	<input type="text" value=""/>
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:	Category/Type	Transaction ID : SB17.396 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	433.77
TOTAL This Period (last page this line number only).....	

2016020200033755

**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 424 OF 516			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20d	<input type="checkbox"/> 19c 20e	<input type="checkbox"/> 19d 20f

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial) A. ARIZONA STATE UNIVERSITY		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address: PO BOX 2260		Amount of Each Disbursement this Period 43.00 Transaction ID : SB17.391
City TEMPE	State AZ	
Zip Code 85280	Purpose of Disbursement PARKING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. CIRCLE K		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address: 2 N FWY		Amount of Each Disbursement this Period 10.21 Transaction ID : SB17.393
City TUCSON	State AZ	
Zip Code 85745	Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. GENTLE BENS		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address: 865 E UNIVERSITYERSITY BLVD		Amount of Each Disbursement this Period 17.00 Transaction ID : SB17.395
City TUCSON	State AZ	
Zip Code 85745	Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033756

**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 425 OF 516	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19 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. IN-N-OUT BURGER		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 1979 E AJO WAY		Amount of Each Disbursement this Period 34.54 Transaction ID : SB17.390 [MEMO ITEM]
City TUCSON	State AZ	
Zip Code 85718	Purpose of Disbursement FOOD AND BEVERAGE	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MI RANCHITO		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 3650 E BENSON HWY		Amount of Each Disbursement this Period 1.49 Transaction ID : SB17.392 [MEMO ITEM]
City TUCSON	State AZ	
Zip Code 85706	Purpose of Disbursement BEVERAGE	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PERSONAL TOUCH CATERING		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 3301 E WASHINGTON ST		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.389 [MEMO ITEM]
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement FOOD AND BEVERAGE	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201602020200033757

**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 426 OF 516			
	<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. SUBWAY-TUCSON		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 2245 E IRVINGTON RD		Amount of Each Disbursement this Period 4.87
City TUCSON	State AZ	
Zip Code 85714	Purpose of Disbursement FOOD AND BEVERAGE	Transaction ID : SB17.394 [MEMO ITEM]
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. JARRED WHICKER		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 73.88
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement TRAVEL/PER DIEM/MILEAGE	Transaction ID : SB17.145
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. BUFFALO WILD WINGS		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 705 S RURAL RD		Amount of Each Disbursement this Period 15.44
City TEMPE	State AZ	
Zip Code 85281	Purpose of Disbursement FOOD AND BEVERAGES	Transaction ID : SB17.401 [MEMO ITEM]
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).....	73.88
TOTAL This Period (last page this line number only).....	

2016020200033758

**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 427 OF 516	
	<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. DOLLAR GENERAL		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 22 / 2015
Mailing Address 725 W APACHE TR		Amount of Each Disbursement this Period 17.44 Transaction ID : SB17.398 [MEMO ITEM]
City APACHE JUNCTION	State AZ Zip Code 85120	
Purpose of Disbursement CLIP BOARDS/TABLE CLOTHS	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 22 / 2015
Mailing Address 2322 E THOMAS RD		Amount of Each Disbursement this Period 9.49 Transaction ID : SB17.400 [MEMO ITEM]
City PHOENIX	State AZ Zip Code 85016	
Purpose of Disbursement FOOD AND BEVERAGE	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) C. MISSION PALMS		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 22 / 2015
Mailing Address 301 S HILL AVE		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.399 [MEMO ITEM]
City TEMPE	State AZ Zip Code 85281	
Purpose of Disbursement PARKING SVC	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033759

**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 428 OF 516
	<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. SHELL OIL		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 12700 NORTHBOROUGH		Amount of Each Disbursement this Period 25.51
City HOUSTON	State TX Zip Code 77067	
Purpose of Disbursement TRAVEL	Category/Type	Transaction ID : SB17.402
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. JARRED WHICKER		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 838.26
City PHOENIX	State AZ Zip Code 85016	
Purpose of Disbursement PAYROLL	Category/Type	Transaction ID : SB17.146
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JARRED WHICKER		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 838.26
City PHOENIX	State AZ Zip Code 85016	
Purpose of Disbursement PAYROLL	Category/Type	Transaction ID : SB17.147
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1676.52
TOTAL This Period (last page this line number only).....	

2016020200033760

**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 429 OF 516			
	<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. JARRED WHICKER		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 838.26	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.148
Purpose of Disbursement PAYROLL		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. JARRED WHICKER		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015	
Mailing Address 1702 E HIGHLAND		Amount of Each Disbursement this Period 838.26	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.149
Purpose of Disbursement PAYROLL		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. ADVANTAGE MAIL		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015	
Mailing Address 1258 W SOUTHERN AVE STE 102		Amount of Each Disbursement this Period 196.14	
City TEMPE	State AZ	Zip Code 85282	Transaction ID : SB17.1
Purpose of Disbursement PRINTING		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	1872.66
TOTAL This Period (last page this line number only).....	

2016020200033761

**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 430 OF 516	
	<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		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 1459.78 Transaction ID : SB17.19
City NEWARK State NJ Zip Code 07101	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) B. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 781.86 Transaction ID : SB17.20
City NEWARK State NJ Zip Code 07101	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. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 146.48 Transaction ID : SB17.21
City NEWARK State NJ Zip Code 07101	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).....	2388.12
TOTAL This Period (last page this line number only).....	

2016020200033762

**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 431 OF 516
	<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. ARIZONA TRUCKING ASSOCIATION		Date of Disbursement MM / DD / YYYY 10 / 08 / 2015
Mailing Address 7500 W MADISON ST		Amount of Each Disbursement this Period 336.00 Transaction ID : SB17.29
City TOLLESON	State AZ	
Zip Code 85353	Purpose of Disbursement CATERING/FACILITY RENTAL	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ARVIZU ADVERTISING & PROMOTIONS		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 3101 N CENTRAL AVE, SUITE 1240		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.30
City PHOENIX	State AZ	
Zip Code 85012	Purpose of Disbursement FACILITY RENTAL	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AZ DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address PO BOX 52138		Amount of Each Disbursement this Period 37.80 Transaction ID : SB17.30
City PHOENIX	State AZ	
Zip Code 85072	Purpose of Disbursement PAYROLL TAXES	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	623.80
TOTAL This Period (last page this line number only).....	

2016020200033763

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 432 OF 516			
	<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. AZ DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address PO BOX 52138		Amount of Each Disbursement this Period 476.78 Transaction ID : SB17.34
City PHOENIX State AZ Zip Code 85072	Purpose of Disbursement PAYROLL TAXES	
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. AZ DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address PO BOX 52138		Amount of Each Disbursement this Period 476.75 Transaction ID : SB17.35
City PHOENIX State AZ Zip Code 85072	Purpose of Disbursement PAYROLL TAXES	
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. AZ DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address PO BOX 52138		Amount of Each Disbursement this Period 484.64 Transaction ID : SB17.36
City PHOENIX State AZ Zip Code 85072	Purpose of Disbursement PAYROLL TAXES	
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).....	1438.17
TOTAL This Period (last page this line number only).....	

2016020200033764

**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 433 OF 516	
	<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. AZ DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address PO BOX 52138		Amount of Each Disbursement this Period 484.64 Transaction ID : SB17.37
City PHOENIX	State AZ Zip Code 85072	
Purpose of Disbursement PAYROLL TAXES	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. AZ DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address PO BOX 52138		Amount of Each Disbursement this Period 484.64 Transaction ID : SB17.38
City PHOENIX	State AZ Zip Code 85072	
Purpose of Disbursement PAYROLL TAXES	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. AZ DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address PO BOX 52138		Amount of Each Disbursement this Period 484.64 Transaction ID : SB17.39
City PHOENIX	State AZ Zip Code 85072	
Purpose of Disbursement PAYROLL TAXES	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).....	1453.92
TOTAL This Period (last page this line number only).....	

201602020200033765

**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 434 OF 516	
	<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. BASK DIGITAL MEDIA LLC		Date of Disbursement							
Mailing Address 1953 SAN ELIJO AVE		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td>05</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	10	05	2015
M M	D D	Y Y Y Y							
10	05	2015							
City CARDIFF-BY-THE-SEA	State CA	Zip Code 92007	Amount of Each Disbursement this Period						
Purpose of Disbursement WEB ADS		<table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00					
2500.00									
Candidate Name		Transaction ID : SB17.40							
Office Sought:	Disbursement For:	Category/Type							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<table border="1"> <tr> <td> </td> </tr> </table>							
State:	District:								

Full Name (Last, First, Middle Initial) B. BASK DIGITAL MEDIA LLC		Date of Disbursement							
Mailing Address 1953 SAN ELIJO AVE		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td>13</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	10	13	2015
M M	D D	Y Y Y Y							
10	13	2015							
City CARDIFF-BY-THE-SEA	State CA	Zip Code 92007	Amount of Each Disbursement this Period						
Purpose of Disbursement WEB ADS		<table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00					
2500.00									
Candidate Name		Transaction ID : SB17.41							
Office Sought:	Disbursement For:	Category/Type							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<table border="1"> <tr> <td> </td> </tr> </table>							
State:	District:								

Full Name (Last, First, Middle Initial) C. BASK DIGITAL MEDIA LLC		Date of Disbursement							
Mailing Address 1953 SAN ELIJO AVE		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td>20</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	10	20	2015
M M	D D	Y Y Y Y							
10	20	2015							
City CARDIFF-BY-THE-SEA	State CA	Zip Code 92007	Amount of Each Disbursement this Period						
Purpose of Disbursement WEB ADS		<table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00					
2500.00									
Candidate Name		Transaction ID : SB17.42							
Office Sought:	Disbursement For:	Category/Type							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<table border="1"> <tr> <td> </td> </tr> </table>							
State:	District:								

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

201602020200033766

**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 435 OF 516	
	<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. BASK DIGITAL MEDIA LLC		Date of Disbursement MM / DD / YYYY 10 / 27 / 2015
Mailing Address: 1953 SAN ELIJO AVE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.43
City CARDIFF-BY-THE-SEA	State CA	
Zip Code 92007	Purpose of Disbursement WEB ADS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BASK DIGITAL MEDIA LLC		Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address: 1953 SAN ELIJO AVE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.44
City CARDIFF-BY-THE-SEA	State CA	
Zip Code 92007	Purpose of Disbursement WEB ADS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BASK DIGITAL MEDIA LLC		Date of Disbursement MM / DD / YYYY 11 / 16 / 2015
Mailing Address: 1953 SAN ELIJO AVE		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.45
City CARDIFF-BY-THE-SEA	State CA	
Zip Code 92007	Purpose of Disbursement WEB ADS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

201602020003767

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 436 OF 516			
	<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. Full Name (Last, First, Middle Initial) BASK DIGITAL MEDIA LLC		Date of Disbursement MM / DD / YYYY 11 / 23 / 2015
Mailing Address 1953 SAN ELIJO AVE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.46
City CARDIFF-BY-THE-SEA State CA Zip Code 92007	Purpose of Disbursement WEB ADS	
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:		

B. Full Name (Last, First, Middle Initial) BASK DIGITAL MEDIA LLC		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 1953 SAN ELIJO AVE		Amount of Each Disbursement this Period 11620.00 Transaction ID : SB17.47
City CARDIFF-BY-THE-SEA State CA Zip Code 92007	Purpose of Disbursement WEB ADS/WEB SERVICE	
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:		

C. Full Name (Last, First, Middle Initial) BASK DIGITAL MEDIA LLC		Date of Disbursement MM / DD / YYYY 12 / 08 / 2015
Mailing Address 1953 SAN ELIJO AVE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.48
City CARDIFF-BY-THE-SEA State CA Zip Code 92007	Purpose of Disbursement WEB ADS	
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).....	15620.00
TOTAL This Period (last page this line number only).....	

2016020200033768

**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 437 OF 516			
	<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. BASK DIGITAL MEDIA LLC		Date of Disbursement							
Mailing Address 1953 SAN ELIJO AVE		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>22</td> <td>2015</td> </tr> </table>		MM	DD	YYYY	12	22	2015
MM	DD	YYYY							
12	22	2015							
City CARDIFF-BY-THE-SEA	State CA	Zip Code 92007	Amount of Each Disbursement this Period						
Purpose of Disbursement WEB ADS		<table border="1"> <tr> <td>2000.00</td> </tr> </table>		2000.00					
2000.00									
Candidate Name		Transaction ID : SB17.49							
Office Sought:	Disbursement For:	Category/Type							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								
State:	District:								

Full Name (Last, First, Middle Initial) B. BASK DIGITAL MEDIA LLC		Date of Disbursement							
Mailing Address 1953 SAN ELIJO AVE		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>29</td> <td>2015</td> </tr> </table>		MM	DD	YYYY	12	29	2015
MM	DD	YYYY							
12	29	2015							
City CARDIFF-BY-THE-SEA	State CA	Zip Code 92007	Amount of Each Disbursement this Period						
Purpose of Disbursement WEB ADS		<table border="1"> <tr> <td>4300.00</td> </tr> </table>		4300.00					
4300.00									
Candidate Name		Transaction ID : SB17.50							
Office Sought:	Disbursement For:	Category/Type							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								
State:	District:								

Full Name (Last, First, Middle Initial) C. BASK DIGITAL MEDIA LLC		Date of Disbursement							
Mailing Address 1953 SAN ELIJO AVE		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>10</td> <td>02</td> <td>2015</td> </tr> </table>		MM	DD	YYYY	10	02	2015
MM	DD	YYYY							
10	02	2015							
City CARDIFF-BY-THE-SEA	State CA	Zip Code 92007	Amount of Each Disbursement this Period						
Purpose of Disbursement WEB ADS/WEB SERVICE		<table border="1"> <tr> <td>14600.00</td> </tr> </table>		14600.00					
14600.00									
Candidate Name		Transaction ID : SB17.51							
Office Sought:	Disbursement For:	Category/Type							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								
State:	District:								

SUBTOTAL of Disbursements This Page (optional).....	20900.00
TOTAL This Period (last page this line number only).....	

2016020200033769

**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 438 OF 516

<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. BASK DIGITAL MEDIA LLC		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 1953 SAN ELIJO AVE		Amount of Each Disbursement this Period 14100.00 Transaction ID : SB17.52
City CARDIFF-BY-THE-SEA	State CA	
Zip Code 92007	Purpose of Disbursement WEB ADS/WEB SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BILTMORE PRO PRINT		Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address 3108 E CAMELBACK RD		Amount of Each Disbursement this Period 167.87 Transaction ID : SB17.53
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement PRINTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BRADLEY PATRICK GROUP LLC		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address 1020 N FAIRFAX ST		Amount of Each Disbursement this Period 17813.00 Transaction ID : SB17.62
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement FINANCE CONSULTING/DELIVERY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	32080.87
TOTAL This Period (last page this line number only).....	

20160202000370

**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)

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<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.

A. Full Name (Last, First, Middle Initial) BRADLEY PATRICK GROUP LLC		Date of Disbursement MM / DD / YYYY 10 / 12 / 2015
Mailing Address 1020 N FAIRFAX ST		Amount of Each Disbursement this Period 5256.65 Transaction ID : SB17.63
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement FINANCE CONSULTING/PHONE SVC	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

B. Full Name (Last, First, Middle Initial) BRADLEY PATRICK GROUP LLC		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 1020 N FAIRFAX ST		Amount of Each Disbursement this Period 5172.35 Transaction ID : SB17.64
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement FINANCE CONSULTING/WEB SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

C. Full Name (Last, First, Middle Initial) BUSE CONSULTING LLC		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 11 S CENTRAL AVE		Amount of Each Disbursement this Period 13508.82 Transaction ID : SB17.65
City PHOENIX	State AZ	
Zip Code 85004	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	23937.82
TOTAL This Period (last page this line number only).....	

201602020003371

**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 440 OF 516
	<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. BUSE CONSULTING LLC		Date of Disbursement
Mailing Address 11 S CENTRAL AVE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85004
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	<input type="text" value=""/>	Amount of Each Disbursement this Period 13757.81
Candidate Name	Category/Type	Transaction ID : SB17.66
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. BUSE CONSULTING LLC		Date of Disbursement
Mailing Address 11 S CENTRAL AVE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85004
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	<input type="text" value=""/>	Amount of Each Disbursement this Period 13335.14
Candidate Name	Category/Type	Transaction ID : SB17.67
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. C-FU GOURMET RESTAURANT		Date of Disbursement
Mailing Address 2051 W WARNER RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City CHANDLER	State AZ	Zip Code 85224
Purpose of Disbursement FACILITY RENTAL/CATERING	<input type="text" value=""/>	Amount of Each Disbursement this Period 6600.00
Candidate Name	Category/Type	Transaction ID : SB17.77
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).....	33692.95
TOTAL This Period (last page this line number only).....	

201602020003372

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules 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. CAMPAIGN SOLUTIONS		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 117 N ST ASAPH ST		Amount of Each Disbursement this Period 8085.41 Transaction ID : SB17.68
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement WEB SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CAPITAL CITY PARTNERS LLC		Date of Disbursement MM / DD / YYYY 10 / 08 / 2015
Mailing Address 1100 G ST NW STE 840		Amount of Each Disbursement this Period 7729.69 Transaction ID : SB17.69
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CAPITAL CITY PARTNERS LLC		Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address 1100 G ST NW STE 840		Amount of Each Disbursement this Period 7629.62 Transaction ID : SB17.70
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	23444.72
TOTAL This Period (last page this line number only).....	

2016020200033773

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 442 OF 516	
	<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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial) A. CAPITAL CITY PARTNERS LLC		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address 1100 G ST NW STE 840		Amount of Each Disbursement this Period 7508.74 Transaction ID : SB17.71
City WASHINGTON	State DC	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. CAPITOL TECHNOLOGY SOLUTIONS		Date of Disbursement MM / DD / YYYY 12 / 04 / 2015
Mailing Address 540 COLUMBIA RD NW		Amount of Each Disbursement this Period 623.75 Transaction ID : SB17.71
City WASHINGTON	State DC	
Purpose of Disbursement COMPUTER SUPPORT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. CAPITOL TECHNOLOGY SOLUTIONS		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 540 COLUMBIA RD NW		Amount of Each Disbursement this Period 3874.88 Transaction ID : SB17.73
City WASHINGTON	State DC	
Purpose of Disbursement COMPUTER SUPPORT/EQUIPMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	12007.37
TOTAL This Period (last page this line number only).....	

2016020200033774

**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 443 OF 516	
	<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. CAPITOL TECHNOLOGY SOLUTIONS		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address: 540 COLUMBIA RD NW		Amount of Each Disbursement this Period 1397.73 Transaction ID : SB17.74
City: WASHINGTON	State: DC Zip Code: 20001	
Purpose of Disbursement COMPUTER SUPPORT/EQUIPMENT	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. CAPLIN & DRYSDALE		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address: ONE THOMAS CIR NW STE 1100		Amount of Each Disbursement this Period 9667.98 Transaction ID : SB17.75
City: WASHINGTON	State: DC Zip Code: 20005	
Purpose of Disbursement LEGAL CONSULTING	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) C. CAPLIN & DRYSDALE		Date of Disbursement MM / DD / YYYY 11 / 19 / 2015
Mailing Address: ONE THOMAS CIR NW STE 1100		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.76
City: WASHINGTON	State: DC Zip Code: 20005	
Purpose of Disbursement LEGAL CONSULTING	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	18565.71
TOTAL This Period (last page this line number only).....	

2016020200033775

**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 444 OF 516
	<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. CLUB 101		Date of Disbursement MM / DD / YYYY 10 / 12 / 2015
Mailing Address 101 PARK AVE		Amount of Each Disbursement this Period 1543.31 Transaction ID : SB17.78
City NEW YORK	State NY	
Zip Code 10178	Purpose of Disbursement FACILITY RENTAL/CATERING	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) B. CMDI INC		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 38.50 Transaction ID : SB17.79
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) C. CMDI INC		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 20.25 Transaction ID : SB17.80
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1602.06
TOTAL This Period (last page this line number only).....	

201602020003376

**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 445 OF 516	
	<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. CMDI INC		Date of Disbursement
Mailing Address 1593 SPRING HILL RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City TYSONS CORNER State VA Zip Code 22182		Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="text" value="Amount"/>
Candidate Name		Transaction ID : SB17.81
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. CMDI INC		Date of Disbursement
Mailing Address 1593 SPRING HILL RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City TYSONS CORNER State VA Zip Code 22182		Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="text" value="Amount"/>
Candidate Name		Transaction ID : SB17.82
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. CMDI INC		Date of Disbursement
Mailing Address 1593 SPRING HILL RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City TYSONS CORNER State VA Zip Code 22182		Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="text" value="Amount"/>
Candidate Name		Transaction ID : SB17.83
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	418.40
TOTAL This Period (last page this line number only).....	

201602020200033777

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 446 OF 516
(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.

A. 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: _____ Category/Type: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: MM/DD/YYYY
12/21/2015

Amount of Each Disbursement this Period: 2.70
Transaction ID: SB17.84

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: DATABASE MANAGEMENT

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: MM/DD/YYYY
10/02/2015

Amount of Each Disbursement this Period: 5339.12
Transaction ID: SB17.85

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: _____ Category/Type: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: MM/DD/YYYY
11/05/2015

Amount of Each Disbursement this Period: 6164.49
Transaction ID: SB17.86

SUBTOTAL of Disbursements This Page (optional)..... 11506.31

TOTAL This Period (last page this line number only).....

201602020003378

**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 447 OF 516	
	<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. CMDI INC		Date of Disbursement							
Mailing Address 1593 SPRING HILL RD		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td>04</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	12	04	2015
M M	D D	Y Y Y Y							
12	04	2015							
City TYSONS CORNER	State VA	Zip Code 22182	Amount of Each Disbursement this Period						
Purpose of Disbursement DATABASE MANAGEMENT		<table border="1"> <tr> <td>4993.92</td> </tr> </table>		4993.92					
4993.92									
Candidate Name		Transaction ID : SB17.87							
Office Sought:	Disbursement For:	Category/Type							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								
State:	District:								

Full Name (Last, First, Middle Initial) B. DIRECT RESPONSE LLC		Date of Disbursement							
Mailing Address 2340 E BEARDSLEY RD		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td>02</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	10	02	2015
M M	D D	Y Y Y Y							
10	02	2015							
City PHOENIX	State AZ	Zip Code 85024	Amount of Each Disbursement this Period						
Purpose of Disbursement PRINTING/POSTAGE		<table border="1"> <tr> <td>908.00</td> </tr> </table>		908.00					
908.00									
Candidate Name		Transaction ID : SB17.89							
Office Sought:	Disbursement For:	Category/Type							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								
State:	District:								

Full Name (Last, First, Middle Initial) C. DIRECT RESPONSE LLC		Date of Disbursement							
Mailing Address 2340 E BEARDSLEY RD		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>05</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	05	2015
M M	D D	Y Y Y Y							
11	05	2015							
City PHOENIX	State AZ	Zip Code 85024	Amount of Each Disbursement this Period						
Purpose of Disbursement PRINTING/POSTAGE		<table border="1"> <tr> <td>3557.34</td> </tr> </table>		3557.34					
3557.34									
Candidate Name		Transaction ID : SB17.90							
Office Sought:	Disbursement For:	Category/Type							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								
State:	District:								

SUBTOTAL of Disbursements This Page (optional).....	9459.26
TOTAL This Period (last page this line number only).....	

201602020003379

**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.

A. DISTINCTIVE STATIONERY

Full Name (Last, First, Middle Initial)
Mailing Address: 204 AZAR CT

City: BALTIMORE State: MD Zip Code: 21227

Purpose of Disbursement: PRINTING

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 11 / 02 / 2015

Amount of Each Disbursement this Period: 619.61

Transaction ID: SB17.91

B. DISTINCTIVE STATIONERY

Full Name (Last, First, Middle Initial)
Mailing Address: 204 AZAR CT

City: BALTIMORE State: MD Zip Code: 21227

Purpose of Disbursement: PRINTING

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 11 / 05 / 2015

Amount of Each Disbursement this Period: 1760.35

Transaction ID: SB17.92

C. DORIS RANDALL INC

Full Name (Last, First, Middle Initial)
Mailing Address: PO BOX 5657

City: SCOTTSDALE State: AZ Zip Code: 85261

Purpose of Disbursement: MEDIA PRODUCTION

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 10 / 24 / 2015

Amount of Each Disbursement this Period: 1300.00

Transaction ID: SB17.93

SUBTOTAL of Disbursements This Page (optional)..... 3679.96

TOTAL This Period (last page this line number only).....

201602020200033780

**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 449 OF 516	
	<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. EDONATION		Date of Disbursement
Mailing Address 117 N ST ASAPH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 11 / 03 / 2015
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text"/>	Amount of Each Disbursement this Period 2501.58
Candidate Name	Category/Type	Transaction ID : SB17.103
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
Mailing Address 117 N ST ASAPH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 12 / 03 / 2015
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text"/>	Amount of Each Disbursement this Period 1126.92
Candidate Name	Category/Type	Transaction ID : SB17.104
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
Mailing Address 117 N ST ASAPH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 12 / 29 / 2015
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text"/>	Amount of Each Disbursement this Period 1837.31
Candidate Name	Category/Type	Transaction ID : SB17.105
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).....	5465.81
TOTAL This Period (last page this line number only).....	

2016020200033781

**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 450 OF 516	
	<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. EDONATION		Date of Disbursement
Mailing Address 117 N ST ASAPH ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CREDIT CARD MERCHANT FEE/LIST RENTAL	<input type="text" value=""/>	Amount of Each Disbursement this Period 4006.10
Candidate Name	Category/Type	Transaction ID : SB17.106
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. ENTERPRISE-RENT-A-CAR		Date of Disbursement
Mailing Address ATTN ACCOUNTS REC		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City TEMPE	State AZ	Zip Code 85284
Purpose of Disbursement TRAVEL	<input type="text" value=""/>	Amount of Each Disbursement this Period 362.73
Candidate Name	Category/Type	Transaction ID : SB17.107
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. EUDY COMPANY		Date of Disbursement
Mailing Address 4200 MASSACHUSETTS AVE NW		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City WASHINGTON	State DC	Zip Code 20016
Purpose of Disbursement FINANCE CONSULTING/TRAVEL	<input type="text" value=""/>	Amount of Each Disbursement this Period 10281.99
Candidate Name	Category/Type	Transaction ID : SB17.108
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).....	14650.82
TOTAL This Period (last page this line number only).....	

20160202000033782

**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 451 OF 516	
	<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. EUDY COMPANY		Date of Disbursement
Mailing Address: 4200 MASSACHUSETTS AVE NW		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20016
Purpose of Disbursement FINANCE CONSULTING/TRAVEL/POSTAGE/PRINTING		Amount of Each Disbursement this Period <input type="text" value="11552.43"/>
Candidate Name		Transaction ID : SB17.109
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. EUDY COMPANY		Date of Disbursement
Mailing Address: 4200 MASSACHUSETTS AVE NW		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20016
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period <input type="text" value="1826.75"/>
Candidate Name		Transaction ID : SB17.110
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. FIRST BANKCARD		Date of Disbursement
Mailing Address: PO BOX 2340		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
OMAHA	NE	68103
Purpose of Disbursement CREDIT CARD PAYMENT		Amount of Each Disbursement this Period <input type="text" value="20894.60"/>
Candidate Name		Transaction ID : SB17.111
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	34273.78
TOTAL This Period (last page this line number only).....	

2016020200033783

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 452 OF 516			
	<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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address: PO BOX 582820 MD 766		Amount of Each Disbursement this Period 1432.70 Transaction ID : SB17.495 [MEMO ITEM]
City TULSA	State OK	
Zip Code 74158	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AMERICAN VALET		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address: 8902 N CENTRAL AVE		Amount of Each Disbursement this Period 425.00 Transaction ID : SB17.496 [MEMO ITEM]
City PHOENIX	State AZ	
Zip Code 85020	Purpose of Disbursement PARKING SVC	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ARTISINAL FROMAGERIE		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address: 2 PARK AVE		Amount of Each Disbursement this Period 199.64 Transaction ID : SB17.497 [MEMO ITEM]
City NEW YORK	State NY	
Zip Code 10016	Purpose of Disbursement CATERING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201602020003784

**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. BISTRO BIS		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 15 E ST, NW		Amount of Each Disbursement this Period 1356.12 Transaction ID : SB17.498 [MEMO ITEM]
City WASHINGTON	State DC Zip Code 20001	
Purpose of Disbursement CATERING/FACILITY RENTAL	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CAREY INTERNATIONAL INC		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 4530 WISCONSIN AVE NW		Amount of Each Disbursement this Period 1718.28 Transaction ID : SB17.499 [MEMO ITEM]
City WASHINGTON	State DC Zip Code 20016	
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHARLIE PALMBER STEAKHOUSE		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 101 CONSTITUTION AVE		Amount of Each Disbursement this Period 972.73 Transaction ID : SB17.500 [MEMO ITEM]
City WASHINGTON	State DC Zip Code 20001	
Purpose of Disbursement CATERING/FACILITY RENTAL	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....
TOTAL This Period (last page this line number only).....

0.00

2016020200033785

**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 454 OF 516			
	<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. COTTONWOOD COUNTRY CLUB

Full Name (Last, First, Middle Initial)
Mailing Address: **1780 E LAKEWOOD DR**

City: **HOLLADAY** State: **UT** Zip Code: **84117**

Purpose of Disbursement: **FACILITY RENTAL/CATERING**

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: **10 / 02 / 2015**

Amount of Each Disbursement this Period: **708.58**

Transaction ID: **SB17.501**

[MEMO ITEM]

B. DISHES

Full Name (Last, First, Middle Initial)
Mailing Address: **399 PARK AVE**

City: **NEW YORK** State: **NY** Zip Code: **10022**

Purpose of Disbursement: **CATERING**

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: **10 / 02 / 2015**

Amount of Each Disbursement this Period: **97.64**

Transaction ID: **SB17.502**

[MEMO ITEM]

C. FEDEX.COM

Full Name (Last, First, Middle Initial)
Mailing Address: **100 FED EX DR**

City: **CORAOPOLIS** State: **PA** Zip Code: **15108**

Purpose of Disbursement: **DELIVERY/PRINTING**

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: **10 / 02 / 2015**

Amount of Each Disbursement this Period: **378.34**

Transaction ID: **SB17.503**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201602020003786

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 455 OF 516	
	<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		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 4100 FAIRFAX DR STE 600		Amount of Each Disbursement this Period 925.00 Transaction ID : SB17.494 [MEMO ITEM]
City ARLINGTON	State VA Zip Code 22203	
Purpose of Disbursement TRAVEL	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. MYFAX SERVICES		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 6922 HOLLYWOOD BLVD #800		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.504 [MEMO ITEM]
City LOS ANGELES	State CA Zip Code 90028	
Purpose of Disbursement PHONE SVC	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. RANCHO BERNARDO INN		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 17550 BERNARDO DR		Amount of Each Disbursement this Period 3013.20 Transaction ID : SB17.505 [MEMO ITEM]
City SAN DIEGO	State CA Zip Code 92128	
Purpose of Disbursement FACILITY RENTAL/CATERING	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).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033787

**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.

A. REFLECTIONS PHOTOGRAPHY

Full Name (Last, First, Middle Initial)
REFLECTIONS PHOTOGRAPHY

Mailing Address: 631 PENNSYLVANIA AVE SE

City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement: PHOTOGRAPHY SVC

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 10 / 02 / 2015

Amount of Each Disbursement this Period: 400.00

Transaction ID: SB17.506

[MEMO ITEM]

B. SCHUMERS LIQUORS

Full Name (Last, First, Middle Initial)
SCHUMERS LIQUORS

Mailing Address: 59 E 54TH ST

City: NEW YORK State: NY Zip Code: 10022

Purpose of Disbursement: BEVERAGE

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 10 / 02 / 2015

Amount of Each Disbursement this Period: 88.16

Transaction ID: SB17.507

[MEMO ITEM]

C. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)
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: 10 / 02 / 2015

Amount of Each Disbursement this Period: 852.60

Transaction ID: SB17.508

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201602020200033788

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 457 OF 516			
	<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. SPRINT-60197		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address PO BOX 4181		Amount of Each Disbursement this Period 196.72 Transaction ID : SB17.509
City CAROL STREAM State IL Zip Code 60197	Purpose of Disbursement PHONE SVC	
Candidate Name	Category/Type	[MEMO ITEM]
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. TARBELL'S		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 3213 E CAMELBACK RD		Amount of Each Disbursement this Period 1238.95 Transaction ID : SB17.510
City PHOENIX State AZ Zip Code 85018	Purpose of Disbursement FACILITY RENTAL/CATERING	
Candidate Name	Category/Type	[MEMO ITEM]
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. THE HENRY		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 4455 E CAMELBACK RD		Amount of Each Disbursement this Period 795.79 Transaction ID : SB17.511
City PHOENIX State AZ Zip Code 85018	Purpose of Disbursement FACILITY RENTAL/CATERING	
Candidate Name	Category/Type	[MEMO ITEM]
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).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033789

**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 458 OF 516	
	<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. UNITED AIRLINES		Date of Disbursement
Mailing Address 1200 E ALGONQUIN RD ELK GROVE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City VILLAGE	State IL	Zip Code 60007
Purpose of Disbursement TRAVEL	Category/ Type	Amount of Each Disbursement this Period 2257.31
Candidate Name		Transaction ID : SB17.512
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement
Mailing Address 4000 E SKY HARBOR BLVD		<input type="text"/> / <input type="text"/> / <input type="text"/>
City PHOENIX	State AZ	Zip Code 85034
Purpose of Disbursement TRAVEL	Category/ Type	Amount of Each Disbursement this Period 2337.80
Candidate Name		Transaction ID : SB17.513
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. VIRGIN AMERICA		Date of Disbursement
Mailing Address 555 AIRPORT BLVD		<input type="text"/> / <input type="text"/> / <input type="text"/>
City BURLINGAME	State CA	Zip Code 94010
Purpose of Disbursement TRAVEL	Category/ Type	Amount of Each Disbursement this Period 392.10
Candidate Name		Transaction ID : SB17.514
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:	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033790

**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 459 OF 516
	<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. WINDSOR COURT HOTEL		Date of Disbursement										
Mailing Address: 300 GRAVIER ST		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		02		2015
M M	/	D D	/	Y Y Y Y								
10		02		2015								
City	State	Zip Code										
NEW ORLEANS	LA	70130										
Purpose of Disbursement FACILITY RENTAL/CATERING		Amount of Each Disbursement this Period										
Candidate Name		1097.94										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.515										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]										
State:	District:											

Full Name (Last, First, Middle Initial) B. FIRST BANKCARD		Date of Disbursement										
Mailing Address: PO BOX 2340		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		02		2015
M M	/	D D	/	Y Y Y Y								
10		02		2015								
City	State	Zip Code										
OMAHA	NE	68103										
Purpose of Disbursement CREDIT CARD PAYMENT		Amount of Each Disbursement this Period										
Candidate Name		432.73										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.112										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State:	District:											

Full Name (Last, First, Middle Initial) C. COMFORT INN		Date of Disbursement										
Mailing Address: 420 E HWY 70		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		02		2015
M M	/	D D	/	Y Y Y Y								
10		02		2015								
City	State	Zip Code										
SAFFORD	AZ	85546										
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period										
Candidate Name		86.22										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.446										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]										
State:	District:											

SUBTOTAL of Disbursements This Page (optional).....	432.73
TOTAL This Period (last page this line number only).....	

2016020200033791

**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 460 OF 516
	<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. HOTELS.COM		Date of Disbursement
Mailing Address 333 108TH AVE NE		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y 10 / 02 / 2015
City BELLEVUE	State WA	Zip Code 98004
Purpose of Disbursement TRAVEL	Category/ Type	Amount of Each Disbursement this Period 209.77
Candidate Name		Transaction ID : SB17.447
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. MUDSHARK BREWING		Date of Disbursement
Mailing Address 210 SWANSON AVE		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y 10 / 02 / 2015
City LAKE HAVARIZONA STATE UNIVERSI	State AZ	Zip Code 86403
Purpose of Disbursement TRAVEL	Category/ Type	Amount of Each Disbursement this Period 49.00
Candidate Name		Transaction ID : SB17.448
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES BUSINESS ADVANTAGE		Date of Disbursement
Mailing Address DEPT DC PO BOX 415256		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y 10 / 02 / 2015
City BOSTON	State MA	Zip Code 02241
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type	Amount of Each Disbursement this Period 87.74
Candidate Name		Transaction ID : SB17.445
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033792

**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 461 OF 516	
	<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. FIRST BANKCARD		Date of Disbursement						
Mailing Address PO BOX 2340		<table border="1"><tr><td>M M</td><td>D D</td><td>Y Y Y Y</td></tr><tr><td>11</td><td>03</td><td>2015</td></tr></table>	M M	D D	Y Y Y Y	11	03	2015
M M	D D	Y Y Y Y						
11	03	2015						
City OMAHA	State NE	Zip Code 68103						
Purpose of Disbursement CREDIT CARD PAYMENT	Candidate Name	Amount of Each Disbursement this Period 29319.50						
Category/Type		Transaction ID : SB17.113						
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. AMERICAN AIRLINES		Date of Disbursement						
Mailing Address PO BOX 582820 MD 766		<table border="1"><tr><td>M M</td><td>D D</td><td>Y Y Y Y</td></tr><tr><td>11</td><td>03</td><td>2015</td></tr></table>	M M	D D	Y Y Y Y	11	03	2015
M M	D D	Y Y Y Y						
11	03	2015						
City TULSA	State OK	Zip Code 74158						
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1335.30						
Category/Type		Transaction ID : SB17.518 [MEMO ITEM]						
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. AMTRAK		Date of Disbursement						
Mailing Address PO BOX 2464		<table border="1"><tr><td>M M</td><td>D D</td><td>Y Y Y Y</td></tr><tr><td>11</td><td>03</td><td>2015</td></tr></table>	M M	D D	Y Y Y Y	11	03	2015
M M	D D	Y Y Y Y						
11	03	2015						
City WASHINGTON	State DC	Zip Code 20013						
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1031.00						
Category/Type		Transaction ID : SB17.519 [MEMO ITEM]						
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).....	29319.50
TOTAL This Period (last page this line number only).....	

2016020200033793

**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 462 OF 516			
	<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. AMTRAK		Date of Disbursement
Mailing Address PO BOX 2464		<input type="text"/> / <input type="text"/> / <input type="text"/>
City WASHINGTON	State DC	Zip Code 20013
Purpose of Disbursement CREDIT-TRAVEL	<input type="text"/>	Amount of Each Disbursement this Period -28.00
Candidate Name		Transaction ID : SB17.523
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CAREY INTERNATIONAL INC		Date of Disbursement
Mailing Address 4530 WISCONSIN AVE NW		<input type="text"/> / <input type="text"/> / <input type="text"/>
City WASHINGTON	State DC	Zip Code 20016
Purpose of Disbursement TRAVEL	<input type="text"/>	Amount of Each Disbursement this Period 2245.37
Candidate Name		Transaction ID : SB17.520
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. COX COMMUNICATIONS		Date of Disbursement
Mailing Address PO BOX 78071		<input type="text"/> / <input type="text"/> / <input type="text"/>
City PHOENIX	State AZ	Zip Code 85062
Purpose of Disbursement UTILITIES	<input type="text"/>	Amount of Each Disbursement this Period 2613.80
Candidate Name		Transaction ID : SB17.521
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201602020003794

**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. CRESCENT HOTEL

Mailing Address **400 CRESCENT**

City **DALLAS** State **TX** Zip Code **75201**

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
11 / 03 / 2015

Amount of Each Disbursement this Period
730.74

Transaction ID : **SB17.532**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DELTA AIRLINES

Mailing Address **ATLANTA AIRPORT**

City **ATLANTA** State **GA** Zip Code **30344**

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
11 / 03 / 2015

Amount of Each Disbursement this Period
961.20

Transaction ID : **SB17.522**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. FEDEX.COM

Mailing Address **100 FED EX DR**

City **CORAOPOLIS** State **PA** Zip Code **15108**

Purpose of Disbursement
DELIVERY/PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
11 / 03 / 2015

Amount of Each Disbursement this Period
212.72

Transaction ID : **SB17.524**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033795

**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 464 OF 516	
	<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. HYATT SAN DIEGO		Date of Disbursement							
Mailing Address 1441 QUIVERA RD		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>03</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	03	2015
M M	D D	Y Y Y Y							
11	03	2015							
City SAN DIEGO	State CA	Zip Code 92109	Amount of Each Disbursement this Period						
Purpose of Disbursement TRAVEL		<table border="1"> <tr> <td>269.51</td> </tr> </table>		269.51					
269.51									
Candidate Name		Transaction ID : SB17.525							
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:	[MEMO ITEM]							

Full Name (Last, First, Middle Initial) B. HYATT SAN DIEGO		Date of Disbursement							
Mailing Address 1441 QUIVERA RD		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>03</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	03	2015
M M	D D	Y Y Y Y							
11	03	2015							
City SAN DIEGO	State CA	Zip Code 92109	Amount of Each Disbursement this Period						
Purpose of Disbursement TRAVEL		<table border="1"> <tr> <td>762.36</td> </tr> </table>		762.36					
762.36									
Candidate Name		Transaction ID : SB17.542							
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:	[MEMO ITEM]							

Full Name (Last, First, Middle Initial) C. JOHNNY'S HALF SHELL		Date of Disbursement							
Mailing Address 400 N CAPITOL ST NW		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>03</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	03	2015
M M	D D	Y Y Y Y							
11	03	2015							
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Disbursement this Period						
Purpose of Disbursement FACILITY RENTAL/CATERING		<table border="1"> <tr> <td>200.00</td> </tr> </table>		200.00					
200.00									
Candidate Name		Transaction ID : SB17.527							
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:	[MEMO ITEM]							

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201602020003796

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 465 OF 516	
	<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		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 4100 FAIRFAX DR STE 600		Amount of Each Disbursement this Period 790.00 Transaction ID : SB17.517 [MEMO ITEM]
City ARLINGTON State VA Zip Code 22203	Purpose of Disbursement TRAVEL	
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. MEGAPATH		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address PO BOX 120324		Amount of Each Disbursement this Period 1553.18 Transaction ID : SB17.528 [MEMO ITEM]
City DALLAS State TX Zip Code 75312	Purpose of Disbursement UTILITIES	
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. MYFAX SERVICES		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 6922 HOLLYWOOD BLVD #800		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.526 [MEMO ITEM]
City LOS ANGELES State CA Zip Code 90028	Purpose of Disbursement PHONE SVC	
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).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033797

**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 466 OF 516	
	<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. PARADISE BAKERY		Date of Disbursement
Mailing Address 2502 E CAMELBACK RD SPACE 119		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement CATERING	<input type="text" value=""/>	Amount of Each Disbursement this Period 234.08
Candidate Name		Transaction ID : SB17.529
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. RANCHO BERNARDO INN		Date of Disbursement
Mailing Address 17550 BERNARDO DR		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City SAN DIEGO	State CA	Zip Code 92128
Purpose of Disbursement FACILITY RENTAL/CATERING	<input type="text" value=""/>	Amount of Each Disbursement this Period 1185.84
Candidate Name		Transaction ID : SB17.530
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. ROSEWOOD SANDHILL HOTEL		Date of Disbursement
Mailing Address 2825 SANDHILL RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement FACILITY RENTAL/CATERING	<input type="text" value=""/>	Amount of Each Disbursement this Period 4574.78
Candidate Name		Transaction ID : SB17.531
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033798

**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 467 OF 516	
	<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. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address PO BOX 36647 - 1CR		Amount of Each Disbursement this Period 1077.42 Transaction ID : SB17.533 [MEMO ITEM]
City DALLAS	State TX Zip Code 75235	
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. SPRINT-60197		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address PO BOX 4181		Amount of Each Disbursement this Period 98.27 Transaction ID : SB17.534 [MEMO ITEM]
City CAROL STREAM	State IL Zip Code 60197	
Purpose of Disbursement PHONE SVC	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) C. ST REGIS HOTEL- NEW YORK		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 2 E 55TH ST		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.535 [MEMO ITEM]
City NEW YORK	State NY Zip Code 10022	
Purpose of Disbursement FACILITY RENTAL/CATERING	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033799

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 468 OF 516	
	<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. STANFORD PARK HOTEL-MENLO PARK		Date of Disbursement
Mailing Address: 100 EL CAMINO REAL		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City: MENLO PARK	State: CA	Zip Code: 94025
Purpose of Disbursement: TRAVEL	Category/Type	Amount of Each Disbursement this Period: 1443.72
Candidate Name:		Transaction ID: SB17.536
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement
Mailing Address: 963 NORLAND AVE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City: CHAMBERSBURG	State: PA	Zip Code: 17201
Purpose of Disbursement: OFFICE SUPPLIES	Category/Type	Amount of Each Disbursement this Period: 226.85
Candidate Name:		Transaction ID: SB17.537
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement
Mailing Address: 1200 E ALGONQUIN RD ELK GROVE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City: VILLAGE	State: IL	Zip Code: 60007
Purpose of Disbursement: TRAVEL	Category/Type	Amount of Each Disbursement this Period: 1628.59
Candidate Name:		Transaction ID: SB17.538
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033800

**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 469 OF 516	
	<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. **US AIRWAYS**
Full Name (Last, First, Middle Initial)

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: 11 / 03 / 2015

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17.539

[MEMO ITEM]

B. **USPS- 22081**
Full Name (Last, First, Middle Initial)

Mailing Address : 8409 LEE HWY

City: MERRIFIELD State: VA Zip Code: 22081

Purpose of Disbursement: POSTAGE

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 11 / 03 / 2015

Amount of Each Disbursement this Period: 246.85

Transaction ID : SB17.540

[MEMO ITEM]

C. **WESTIN-DETROIT**
Full Name (Last, First, Middle Initial)

Mailing Address : 1114 WASHINGTON BLVD

City: DETROIT State: MI Zip Code: 48226

Purpose of Disbursement: TRAVEL

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 11 / 03 / 2015

Amount of Each Disbursement this Period: 715.92

Transaction ID : SB17.541

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

2016020200033801

**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.

A. FIRST BANKCARD

Full Name (Last, First, Middle Initial)

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
11 / 03 / 2015

Amount of Each Disbursement this Period
5801.92

Transaction ID : **SB17.114**

Category/Type

B. AIR-A-ZONA FLAG CO

Full Name (Last, First, Middle Initial)

Mailing Address **2548 W BROADWAY RD**

City **MESA** State **AZ** Zip Code **85202**

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
11 / 03 / 2015

Amount of Each Disbursement this Period
64.76

Transaction ID : **SB17.450**

[MEMO ITEM]

Category/Type

C. AMAZON.COM

Full Name (Last, First, Middle Initial)

Mailing Address **PO BOX 821226**

City **SEATTLE** State **WA** Zip Code **98108**

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
11 / 03 / 2015

Amount of Each Disbursement this Period
77.55

Transaction ID : **SB17.451**

[MEMO ITEM]

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... **5801.92**

TOTAL This Period (last page this line number only).....

2016020200033802

**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 471 OF 516			
	<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. AMERICAN PRINTHOUSE		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address: 2205 E UNIVERSITYERSITY DR		Amount of Each Disbursement this Period 1380.82 Transaction ID : SB17.452 [MEMO ITEM]
City: PHOENIX	State: AZ Zip Code: 85034	
Purpose of Disbursement: PRINTING	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BED BATH AND BEYOND		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address: 1919 E CAMELBACK RD		Amount of Each Disbursement this Period 11.99 Transaction ID : SB17.453 [MEMO ITEM]
City: PHOENIX	State: AZ Zip Code: 85016	
Purpose of Disbursement: OFFICE SUPPLIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BEST BUY.COM		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address: PO BOX 9312		Amount of Each Disbursement this Period 355.07 Transaction ID : SB17.454 [MEMO ITEM]
City: MINNEAPOLIS	State: MN Zip Code: 55440	
Purpose of Disbursement: EQUIPMENT PURCHASE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033803

**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 472 OF 516			
	<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. CROSSROADS OF THE WEST GUN SHOWS		Date of Disbursement
Mailing Address PO BOX 290		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City KAYSVILLE	State UT	Amount of Each Disbursement this Period
Zip Code 84037		<input type="text" value=""/>
Purpose of Disbursement FACILITY RENTAL	Category/Type	<input type="text" value="110.00"/>
Candidate Name		Transaction ID : SB17.458
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CVS		Date of Disbursement
Mailing Address 1610 E CAMELBACK RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Amount of Each Disbursement this Period
Zip Code 85016		<input type="text" value=""/>
Purpose of Disbursement FOOD AND BEVERAGE	Category/Type	<input type="text" value="26.63"/>
Candidate Name		Transaction ID : SB17.458
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. EVERYONE LOVES BUTTONS		Date of Disbursement
Mailing Address 1831 W ROSE GARDEN LANE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Amount of Each Disbursement this Period
Zip Code 85027		<input type="text" value=""/>
Purpose of Disbursement PRINTING	Category/Type	<input type="text" value="333.24"/>
Candidate Name		Transaction ID : SB17.459
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

2016020200033804

**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 473 OF 516

<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. FRY'S FOOD-PHOENIX		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address: 4724 N 20TH ST		Amount of Each Disbursement this Period 110.33 Transaction ID : SB17.456 [MEMO ITEM]
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement FOOD AND BEVERAGE	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) B. GRAPHIC IDEALS		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address: 4631 E THOMAS RD		Amount of Each Disbursement this Period 1203.10 Transaction ID : SB17.457 [MEMO ITEM]
City PHOENIX	State AZ	
Zip Code 85018	Purpose of Disbursement PRINTING	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) C. HOME DEPOT 477 6 PHOENIX		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address: 3609 E THOMAS RD		Amount of Each Disbursement this Period 57.85 Transaction ID : SB17.469 [MEMO ITEM]
City PHOENIX	State AZ	
Zip Code 85018	Purpose of Disbursement OFFICE SUPPLIES	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033805

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 474 OF 516	
	<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. MCDONALDS		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address 750 W CAMELBACK RD		Amount of Each Disbursement this Period 6.49	
City PHOENIX	State AZ	Zip Code 85013	Transaction ID : SB17.460 [MEMO ITEM]
Purpose of Disbursement FOOD AND BEVERAGE		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. MICHAELS PHOENIX		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address 1925 E CAMELBACK RD STE 132		Amount of Each Disbursement this Period 16.30	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.461 [MEMO ITEM]
Purpose of Disbursement OFFICE SUPPLIES		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. NYPD PIZZA		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address 1949 E CAMELBACK RD # 144		Amount of Each Disbursement this Period 129.73	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.462 [MEMO ITEM]
Purpose of Disbursement FOOD AND BEVERAGE		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033806

**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 475 OF 516	
	<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. PAPA JOHNS		Date of Disbursement
Mailing Address 2836 E INDIAN SCHOOL RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement FOOD AND BEVERAGE	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period 140.79
Candidate Name		Transaction ID : SB17.463
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. PARTY PEOPLE		Date of Disbursement
Mailing Address 13802 N SCOTTSDALE RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City SCOTTSDALE	State AZ	Zip Code 85254
Purpose of Disbursement BALLOONS	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period 699.42
Candidate Name		Transaction ID : SB17.464
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. PHOENIX FLOWER SHOPS		Date of Disbursement
Mailing Address 5012 E THOMAS RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85018
Purpose of Disbursement FLORAL EXPENSE	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period 249.19
Candidate Name		Transaction ID : SB17.471
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033907

**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 476 OF 516	
	<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. QT 435 PHOENIX		Date of Disbursement							
Mailing Address 1610 E HIGHLAND AVE		<table border="1"> <tr> <td>M M M</td> <td>D D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>03</td> <td>2015</td> </tr> </table>		M M M	D D D	Y Y Y Y	11	03	2015
M M M	D D D	Y Y Y Y							
11	03	2015							
City PHOENIX	State AZ	Zip Code 85016	Amount of Each Disbursement this Period						
Purpose of Disbursement TRAVEL		<table border="1"> <tr> <td>10.33</td> </tr> </table>		10.33					
10.33									
Candidate Name		Transaction ID : SB17.465							
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:		Category/Type							

Full Name (Last, First, Middle Initial) B. SPORTS AUTHORITY		Date of Disbursement							
Mailing Address 1625 E CAMELBACK RD		<table border="1"> <tr> <td>M M M</td> <td>D D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>03</td> <td>2015</td> </tr> </table>		M M M	D D D	Y Y Y Y	11	03	2015
M M M	D D D	Y Y Y Y							
11	03	2015							
City PHOENIX	State AZ	Zip Code 85016	Amount of Each Disbursement this Period						
Purpose of Disbursement OFFICE SUPPLIES		<table border="1"> <tr> <td>10.82</td> </tr> </table>		10.82					
10.82									
Candidate Name		Transaction ID : SB17.466							
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:		Category/Type							

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement							
Mailing Address 963 NORLAND AVE		<table border="1"> <tr> <td>M M M</td> <td>D D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>03</td> <td>2015</td> </tr> </table>		M M M	D D D	Y Y Y Y	11	03	2015
M M M	D D D	Y Y Y Y							
11	03	2015							
City CHAMBERSBURG	State PA	Zip Code 17201	Amount of Each Disbursement this Period						
Purpose of Disbursement OFFICE SUPPLIES		<table border="1"> <tr> <td>418.32</td> </tr> </table>		418.32					
418.32									
Candidate Name		Transaction ID : SB17.467							
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:		Category/Type							

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033808

**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 477 OF 516	
	<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. STARBUCKS-PHOENIX		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address 2824 N 44TH ST		Amount of Each Disbursement this Period 3.95	
City PHOENIX	State AZ	Zip Code 85001	Transaction ID : SB17.468 [MEMO ITEM]
Purpose of Disbursement FOOD AND BEVERAGE		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. UPS		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address 8409 LEE HWY		Amount of Each Disbursement this Period 19.59	
City MERRIFIELD	State VA	Zip Code 22081	Transaction ID : SB17.470 [MEMO ITEM]
Purpose of Disbursement DELIVERY		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address 8409 LEE HWY		Amount of Each Disbursement this Period 147.00	
City MERRIFIELD	State VA	Zip Code 22081	Transaction ID : SB17.472 [MEMO ITEM]
Purpose of Disbursement POSTAGE		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201602020200033809

**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. WALGREENS		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address: 1616 E THOMAS RD		Amount of Each Disbursement this Period 23.74
City: PHOENIX	State: AZ	
Zip Code: 85016	Purpose of Disbursement: FOOD AND BEVERAGE	Transaction ID: SB17.473
Candidate Name:	Category/Type:	[MEMO ITEM]
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. WALMART		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address: 3721 E THOMAS RD		Amount of Each Disbursement this Period 11.33
City: PHOENIX	State: AZ	
Zip Code: 85018	Purpose of Disbursement: OFFICE SUPPLIES	Transaction ID: SB17.474
Candidate Name:	Category/Type:	[MEMO ITEM]
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. WALMART		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address: 3721 E THOMAS RD		Amount of Each Disbursement this Period 183.58
City: PHOENIX	State: AZ	
Zip Code: 85018	Purpose of Disbursement: OFFICE SUPPLIES	Transaction ID: SB17.475
Candidate Name:	Category/Type:	[MEMO ITEM]
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).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033810

**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 479 OF 516	
	<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. FIRST BANKCARD		Date of Disbursement
Mailing Address PO BOX 2340		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City OMAHA	State NE	Zip Code 68103
Purpose of Disbursement CREDIT CARD PAYMENT	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="5341.75"/>
Candidate Name		Transaction ID : SB17.115
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. AMERICAN AIRLINES		Date of Disbursement
Mailing Address PO BOX 582820 MD 766		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City TULSA	State OK	Zip Code 74158
Purpose of Disbursement TRAVEL	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="947.70"/>
Candidate Name		Transaction ID : SB17.545
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:		
	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. AMERICAN VALET		Date of Disbursement
Mailing Address 8902 N CENTRAL AVE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85020
Purpose of Disbursement PARKING SVC	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="735.00"/>
Candidate Name		Transaction ID : SB17.553
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:		
	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional).....	5341.75
TOTAL This Period (last page this line number only).....	

2016020200033811

**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 480 OF 516
	<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. CAREY INTERNATIONAL INC		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address: 4530 WISCONSIN AVE NW		Amount of Each Disbursement this Period 557.43 Transaction ID : SB17.546 [MEMO ITEM]
City WASHINGTON	State DC	
Zip Code 20016	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address: ATLANTA AIRPORT		Amount of Each Disbursement this Period 1313.30 Transaction ID : SB17.547 [MEMO ITEM]
City ATLANTA	State GA	
Zip Code 30344	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FEDEX.COM		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address: 100 FED EX DR		Amount of Each Disbursement this Period 92.45 Transaction ID : SB17.548 [MEMO ITEM]
City CORAOPOLIS	State PA	
Zip Code 15108	Purpose of Disbursement DELIVERY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033812

**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 481 OF 516	
	<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. INTERCONTINENTAL HOTELS ATLANTA		Date of Disbursement
Mailing Address 3315 PEACHTREE RD NE		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City ATLANTA	State GA	Zip Code 30326
Purpose of Disbursement TRAVEL	<input type="text"/>	Amount of Each Disbursement this Period 494.88
Candidate Name	Category/Type	Transaction ID : SB17.549
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. JOHNNY'S HALF SHELL		Date of Disbursement
Mailing Address 400 N CAPITOL ST NW		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement FACILITY RENTAL/CATERING	<input type="text"/>	Amount of Each Disbursement this Period 778.51
Candidate Name	Category/Type	Transaction ID : SB17.551
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. MACNAIR TRAVEL AGENCY		Date of Disbursement
Mailing Address 4100 FAIRFAX DR STE 600		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement TRAVEL	<input type="text"/>	Amount of Each Disbursement this Period 175.00
Candidate Name	Category/Type	Transaction ID : SB17.544
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033813

**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 482 OF 516	
	<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. MYFAX SERVICES		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address: 6922 HOLLYWOOD BLVD #800		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.550
City: LOS ANGELES	State: CA Zip Code: 90028	
Purpose of Disbursement PHONE SVC	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address: PO BOX 36647 - 1CR		Amount of Each Disbursement this Period 237.48 Transaction ID : SB17.552
City: DALLAS	State: TX Zip Code: 75235	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. FIRST BANKCARD		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address: PO BOX 2340		Amount of Each Disbursement this Period 1212.11 Transaction ID : SB17.116
City: OMAHA	State: NE Zip Code: 68103	
Purpose of Disbursement CREDIT CARD PAYMENT	Candidate Name	[MEMO ITEM]
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1212.11
TOTAL This Period (last page this line number only).....	

2016020200033814

**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 483 OF 516
	<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. APACHE JUNCTION CHAMBER		Date of Disbursement						
Mailing Address: 567 APACHE TRAIL		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>11</td> <td>17</td> <td>2015</td> </tr> </table>	MM	DD	YYYY	11	17	2015
MM	DD	YYYY						
11	17	2015						
City	State	Zip Code						
APACHE JUNCTION	AZ	85120						
Purpose of Disbursement EVENT TICKETS	Category/ Type	Amount of Each Disbursement this Period						
Candidate Name		<table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00					
100.00								
Office Sought:	Disbursement For:	Transaction ID : SB17.477						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]						
State: District:								

Full Name (Last, First, Middle Initial) B. CLASSIC PARTY RENTALS		Date of Disbursement						
Mailing Address: 3103 E BROADWAY		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>11</td> <td>17</td> <td>2015</td> </tr> </table>	MM	DD	YYYY	11	17	2015
MM	DD	YYYY						
11	17	2015						
City	State	Zip Code						
PHOENIX	AZ	85040						
Purpose of Disbursement FURNITURE LEASE	Category/ Type	Amount of Each Disbursement this Period						
Candidate Name		<table border="1"> <tr> <td>154.87</td> </tr> </table>	154.87					
154.87								
Office Sought:	Disbursement For:	Transaction ID : SB17.478						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]						
State: District:								

Full Name (Last, First, Middle Initial) C. CROSSROADS OF THE WEST		Date of Disbursement						
Mailing Address: 280 N KAYS DR		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>11</td> <td>17</td> <td>2015</td> </tr> </table>	MM	DD	YYYY	11	17	2015
MM	DD	YYYY						
11	17	2015						
City	State	Zip Code						
KAYSVILLE	UT	84037						
Purpose of Disbursement EVENT TICKETS	Category/ Type	Amount of Each Disbursement this Period						
Candidate Name		<table border="1"> <tr> <td>110.00</td> </tr> </table>	110.00					
110.00								
Office Sought:	Disbursement For:	Transaction ID : SB17.484						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]						
State: District:								

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033815

**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 484 OF 516
	<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. DOMINOS PIZZA 761		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address: 914 E CAMELBACK RD STE 10		Amount of Each Disbursement this Period 52.89 Transaction ID : SB17.479 [MEMO ITEM]
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DUCK AND DECANter		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address 1651 E CAMELBACK RD		Amount of Each Disbursement this Period 40.97 Transaction ID : SB17.480 [MEMO ITEM]
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement FOOD AND BEVERAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FRYs FOOD-PHOENIX		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address 4724 N 20TH ST		Amount of Each Disbursement this Period 11.98 Transaction ID : SB17.481 [MEMO ITEM]
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement FOOD AND BEVERAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

2016020200033816

**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 485 OF 516	
	<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. GRAPHIC IDEALS		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address: 4631 E THOMAS RD		Amount of Each Disbursement this Period 111.70 Transaction ID : SB17.482
City PHOENIX	State AZ	
Zip Code 85018	Purpose of Disbursement PRINTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. HOME DEPOT 477 6 PHOENIX		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address: 3609 E THOMAS RD		Amount of Each Disbursement this Period 15.65 Transaction ID : SB17.489
City PHOENIX	State AZ	
Zip Code 85018	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. IHOP		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address: CORPORATE OFFICE		Amount of Each Disbursement this Period 24.81 Transaction ID : SB17.483
City GLENDALE	State CA	
Zip Code 91203	Purpose of Disbursement FOOD AND BEVERAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201602020200033817

**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 486 OF 516	
	<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. QUALITY INN COTTONWOOD		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address 301 W STATE ROUTE 89A		Amount of Each Disbursement this Period 119.28 Transaction ID : SB17.485
City COTTONWOOD	State AZ	
Zip Code 86326	Purpose of Disbursement TRAVEL	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. SKY HARBOR PARKING		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address 3400 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 2.00 Transaction ID : SB17.486
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement PARKING SVC	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. STARBUCKS-PHOENIX		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address 2824 N 44TH ST		Amount of Each Disbursement this Period 19.00 Transaction ID : SB17.487
City PHOENIX	State AZ	
Zip Code 85001	Purpose of Disbursement FOOD AND BEVERAGES	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201602020003818

**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 487 OF 516	
	<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. STUBHUB INC		Date of Disbursement
Mailing Address 199 FREMONT STREET, FLOOR 4		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement EVENT TICKETS	Category/ Type	Amount of Each Disbursement this Period 319.41
Candidate Name		Transaction ID : SB17.488
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement
Mailing Address 3721 E THOMAS RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85018
Purpose of Disbursement FOOD AND BEVERAGES	Category/ Type	Amount of Each Disbursement this Period 129.55
Candidate Name		Transaction ID : SB17.490
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. GRIFFIN PARTNERS, PARKWAY FOUNTAIN, L.P.		Date of Disbursement
Mailing Address C/O GRIFFIN PARTNERS INC.		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement PARKING SVC	Category/ Type	Amount of Each Disbursement this Period 2006.00
Candidate Name		Transaction ID : SB17.117
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).....	2006.00
TOTAL This Period (last page this line number only).....	

2016020200033819

**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 488 OF 516	
	<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. GRIFFIN PARTNERS, PARKWAY FOUNTAIN, L.P.		Date of Disbursement
Mailing Address: C/O GRIFFIN PARTNERS INC.		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement RENT	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="9346.60"/>
Candidate Name	Category/Type	Transaction ID : SB17.118
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. GTT COMMUNICATIONS INC		Date of Disbursement
Mailing Address: PO BOX 150421		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City HARTFORD	State CT	Zip Code 06115
Purpose of Disbursement UTILITIES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3287.35"/>
Candidate Name	Category/Type	Transaction ID : SB17.119
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. GTT COMMUNICATIONS INC		Date of Disbursement
Mailing Address: PO BOX 150421		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City HARTFORD	State CT	Zip Code 06115
Purpose of Disbursement WEB SERVICE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1221.85"/>
Candidate Name	Category/Type	Transaction ID : SB17.120
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).....	13855.80
TOTAL This Period (last page this line number only).....	

2016020200033820

**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 489 OF 516	
	<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. HOON DESIGNS LLC		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015	
Mailing Address 2800 SHIRLINGTON RD STE 920		Amount of Each Disbursement this Period 4006.00	
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SB17.121
Purpose of Disbursement PRINTING		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. HOON DESIGNS LLC		Date of Disbursement MM / DD / YYYY 12 / 08 / 2015	
Mailing Address 2800 SHIRLINGTON RD STE 920		Amount of Each Disbursement this Period 1150.00	
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SB17.122
Purpose of Disbursement PRINTING		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. HUCKABY DAVIS LISKER		Date of Disbursement MM / DD / YYYY 11 / 20 / 2015	
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 2865.51	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.123
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	8021.51
TOTAL This Period (last page this line number only).....	

2016020200033821

**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 490 OF 516
	<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. I360, LLC		Date of Disbursement						
Mailing Address PO BOX 37046		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>10</td> <td>02</td> <td>2015</td> </tr> </table>	MM	DD	YYYY	10	02	2015
MM	DD	YYYY						
10	02	2015						
City	State	Zip Code						
BALTIMORE	MD	21297						
Purpose of Disbursement DATABASE MANAGEMENT	Category/ Type	Amount of Each Disbursement this Period						
Candidate Name		<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00					
2000.00								
Office Sought:	Disbursement For:	Transaction ID : SB17.124						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State:	District:							

Full Name (Last, First, Middle Initial) B. I360, LLC		Date of Disbursement						
Mailing Address PO BOX 37046		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>11</td> <td>02</td> <td>2015</td> </tr> </table>	MM	DD	YYYY	11	02	2015
MM	DD	YYYY						
11	02	2015						
City	State	Zip Code						
BALTIMORE	MD	21297						
Purpose of Disbursement DATABASE MANAGEMENT	Category/ Type	Amount of Each Disbursement this Period						
Candidate Name		<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00					
1000.00								
Office Sought:	Disbursement For:	Transaction ID : SB17.125						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State:	District:							

Full Name (Last, First, Middle Initial) C. I360, LLC		Date of Disbursement						
Mailing Address PO BOX 37046		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>04</td> <td>2015</td> </tr> </table>	MM	DD	YYYY	12	04	2015
MM	DD	YYYY						
12	04	2015						
City	State	Zip Code						
BALTIMORE	MD	21297						
Purpose of Disbursement DATABASE MANAGEMENT	Category/ Type	Amount of Each Disbursement this Period						
Candidate Name		<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00					
1000.00								
Office Sought:	Disbursement For:	Transaction ID : SB17.126						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State:	District:							

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

2016020200033822

**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 491 OF 516			
	<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. INSPERITY		Date of Disbursement					
Mailing Address: 19001 CRESCENT SPRINGS DR		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>10 / 05 / 2015</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		10 / 05 / 2015	
M M / D D / Y Y Y Y							
10 / 05 / 2015							
City: KINGWOOD	State: TX	Zip Code: 77339	Amount of Each Disbursement this Period				
Purpose of Disbursement: PAYROLL SVC-INSUR-TAXES			99.44				
Candidate Name		Category/Type	Transaction ID : SB17.127				
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. INSPERITY		Date of Disbursement					
Mailing Address: 19001 CRESCENT SPRINGS DR		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>10 / 15 / 2015</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		10 / 15 / 2015	
M M / D D / Y Y Y Y							
10 / 15 / 2015							
City: KINGWOOD	State: TX	Zip Code: 77339	Amount of Each Disbursement this Period				
Purpose of Disbursement: PAYROLL SVC-INSUR-TAXES			3697.06				
Candidate Name		Category/Type	Transaction ID : SB17.128				
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. INSPERITY		Date of Disbursement					
Mailing Address: 19001 CRESCENT SPRINGS DR		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>10 / 30 / 2015</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		10 / 30 / 2015	
M M / D D / Y Y Y Y							
10 / 30 / 2015							
City: KINGWOOD	State: TX	Zip Code: 77339	Amount of Each Disbursement this Period				
Purpose of Disbursement: PAYROLL SVC-INSUR-TAXES			3880.24				
Candidate Name		Category/Type	Transaction ID : SB17.129				
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).....	7676.74
TOTAL This Period (last page this line number only).....	

2016020200033823

**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 492 OF 516	
	<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. INSPERITY		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Amount of Each Disbursement this Period 3714.13 Transaction ID : SB17.130
City KINGWOOD	State TX	
Zip Code 77339	Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. INSPERITY		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Amount of Each Disbursement this Period 3696.67 Transaction ID : SB17.131
City KINGWOOD	State TX	
Zip Code 77339	Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. INSPERITY		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Amount of Each Disbursement this Period 3560.13 Transaction ID : SB17.132
City KINGWOOD	State TX	
Zip Code 77339	Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	10970.93
TOTAL This Period (last page this line number only).....	

2016020200033824

**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 493 OF 516	
	<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. INSPERITY		Date of Disbursement	
Mailing Address: 19001 CRESCENT SPRINGS DR		MM / DD / YYYY 12 / 31 / 2015	
City: KINGWOOD	State: TX	Zip Code: 77339	Amount of Each Disbursement this Period
Purpose of Disbursement: PAYROLL SVC-INSUR-TAXES			3767.68
Candidate Name		Category/Type	Transaction ID : SB17.133
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. INTERNAL REVENUE SERVICE		Date of Disbursement	
Mailing Address: PO BOX 970011		MM / DD / YYYY 10 / 30 / 2015	
City: ST LOUIS	State: MO	Zip Code: 63197	Amount of Each Disbursement this Period
Purpose of Disbursement: PAYROLL TAXES			7411.86
Candidate Name		Category/Type	Transaction ID : SB17.134
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. INTERNAL REVENUE SERVICE		Date of Disbursement	
Mailing Address: PO BOX 970011		MM / DD / YYYY 10 / 05 / 2015	
City: ST LOUIS	State: MO	Zip Code: 63197	Amount of Each Disbursement this Period
Purpose of Disbursement: PAYROLL TAXES			239.11
Candidate Name		Category/Type	Transaction ID : SB17.135
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).....	11418.65
TOTAL This Period (last page this line number only).....	

201602020200033825

**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 494 OF 516			
	<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. INTERNAL REVENUE SERVICE		Date of Disbursement
Mailing Address PO BOX 970011		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City ST LOUIS	State MO	Zip Code 63197
Purpose of Disbursement PAYROLL TAXES	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="7177.98"/>
Candidate Name		Transaction ID : SB17.136
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. INTERNAL REVENUE SERVICE		Date of Disbursement
Mailing Address PO BOX 970011		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City ST LOUIS	State MO	Zip Code 63197
Purpose of Disbursement PAYROLL TAXES	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="7626.96"/>
Candidate Name		Transaction ID : SB17.136
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. INTERNAL REVENUE SERVICE		Date of Disbursement
Mailing Address PO BOX 970011		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City ST LOUIS	State MO	Zip Code 63197
Purpose of Disbursement PAYROLL TAXES	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="7626.96"/>
Candidate Name		Transaction ID : SB17.138
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).....	22431.90
TOTAL This Period (last page this line number only).....	

20160202000033826

**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 495 OF 516
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 13 20b <input type="checkbox"/> 19c 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. INTERNAL REVENUE SERVICE		Date of Disbursement						
Mailing Address PO BOX 970011		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td>15</td> <td>2015</td> </tr> </table>	M M	D D	Y Y Y Y	12	15	2015
M M	D D	Y Y Y Y						
12	15	2015						
City ST LOUIS	State MO	Amount of Each Disbursement this Period 7626.96						
Zip Code 63197								
Purpose of Disbursement PAYROLL TAXES	Category/Type	Transaction ID : SB17.139						
Candidate Name								
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State: District:								

Full Name (Last, First, Middle Initial) B. INTERNAL REVENUE SERVICE		Date of Disbursement						
Mailing Address PO BOX 970011		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td>31</td> <td>2015</td> </tr> </table>	M M	D D	Y Y Y Y	12	31	2015
M M	D D	Y Y Y Y						
12	31	2015						
City ST LOUIS	State MO	Amount of Each Disbursement this Period 7626.96						
Zip Code 63197								
Purpose of Disbursement PAYROLL TAXES	Category/Type	Transaction ID : SB17.140						
Candidate Name								
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State: District:								

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement						
Mailing Address 2632 MARINE WAY		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td>07</td> <td>2015</td> </tr> </table>	M M	D D	Y Y Y Y	12	07	2015
M M	D D	Y Y Y Y						
12	07	2015						
City MOUNTAIN VIEW	State CA	Amount of Each Disbursement this Period 225.75						
Zip Code 94043								
Purpose of Disbursement PRINTING	Category/Type	Transaction ID : SB17.141						
Candidate Name								
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State: District:								

SUBTOTAL of Disbursements This Page (optional).....	15479.67
TOTAL This Period (last page this line number only).....	

2016020200033827

**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 496 OF 516	
	<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. LOCKTON AFFINITY LLC		Date of Disbursement
Mailing Address PO BOX 87-9610		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City KANSAS CITY State MO Zip Code 64187		Amount of Each Disbursement this Period
Purpose of Disbursement INSURANCE	<input type="text" value=""/>	<input type="text" value="10416.00"/>
Candidate Name	Category/ Type	Transaction ID : SB17.158
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. LOVAS CO LLC		Date of Disbursement
Mailing Address 6635 W HAPPY VALLEY RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City GLENDALE State AZ Zip Code 85310		Amount of Each Disbursement this Period
Purpose of Disbursement FINANCE CONSULTING	<input type="text" value=""/>	<input type="text" value="12000.00"/>
Candidate Name	Category/ Type	Transaction ID : SB17.166
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. LOVAS CO LLC		Date of Disbursement
Mailing Address 6635 W HAPPY VALLEY RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City GLENDALE State AZ Zip Code 85310		Amount of Each Disbursement this Period
Purpose of Disbursement FINANCE CONSULTING	<input type="text" value=""/>	<input type="text" value="12000.00"/>
Candidate Name	Category/ Type	Transaction ID : SB17.167
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).....	34416.00
TOTAL This Period (last page this line number only).....	

201602020200033828

**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 497 OF 516				
	<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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial) A. LOVAS CO LLC		Date of Disbursement
Mailing Address: 6635 W HAPPY VALLEY RD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
GLENDALE	AZ	85310
Purpose of Disbursement FINANCE CONSULTING/POSTAGE	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="12136.58"/>
Candidate Name		Transaction ID : SB17.168
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. MACANDREWS & FORBES INC		Date of Disbursement
Mailing Address: ATTN TYLER IRWIN		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
WASHINGTON	DC	20001
Purpose of Disbursement FACILITY RENTAL	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="250.00"/>
Candidate Name		Transaction ID : SB17.169
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. MCCARTHY HENNINGS WHALEN INC		Date of Disbursement
Mailing Address: 1850 M ST NW		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
WASHINGTON	DC	20036
Purpose of Disbursement MEDIA PRODUCTION	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="57622.58"/>
Candidate Name		Transaction ID : SB17.170
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).....	70009.16
TOTAL This Period (last page this line number only).....	

2016020200033829

**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 498 OF 516			
	<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. MCINTOSH COMPANY INC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 5310 HARVEST HILL RD		Amount of Each Disbursement this Period 5054.24 Transaction ID : SB17.171
City DALLAS State TX Zip Code 75230	Purpose of Disbursement FINANCE CONSULTING/DELIVERY	
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 10 / 15 / 2015
Mailing Address 80 CALVERT ST		Amount of Each Disbursement this Period 285.91 Transaction ID : SB17.172
City ANNAPOLIS State MD Zip Code 21401	Purpose of Disbursement PAYROLL TAXES	
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 10 / 30 / 2015
Mailing Address 80 CALVERT ST		Amount of Each Disbursement this Period 285.91 Transaction ID : SB17.173
City ANNAPOLIS State MD Zip Code 21401	Purpose of Disbursement PAYROLL TAXES	
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).....	5626.06
TOTAL This Period (last page this line number only).....	

2015020200033830

**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 499 OF 516			
	<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
Mailing Address 80 CALVERT ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
ANNAPOLIS	MD	21401
Purpose of Disbursement PAYROLL TAXES	<input type="text" value=""/>	Amount of Each Disbursement this Period 285.91
Candidate Name	Category/ Type	Transaction ID : SB17.174
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
Mailing Address 80 CALVERT ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
ANNAPOLIS	MD	21401
Purpose of Disbursement PAYROLL TAXES	<input type="text" value=""/>	Amount of Each Disbursement this Period 285.91
Candidate Name	Category/ Type	Transaction ID : SB17.175
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
Mailing Address 80 CALVERT ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
ANNAPOLIS	MD	21401
Purpose of Disbursement PAYROLL TAXES	<input type="text" value=""/>	Amount of Each Disbursement this Period 285.91
Candidate Name	Category/ Type	Transaction ID : SB17.176
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).....	

2016020200033831

**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 500 OF 516	
	<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
Mailing Address 80 CALVERT ST		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement PAYROLL TAXES	<input type="text"/>	Amount of Each Disbursement this Period 285.91
Candidate Name	Category/Type	Transaction ID : SB17.177
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. MESA PUBLIC SCHOOLS		Date of Disbursement
Mailing Address 63 E MAIN ST #101		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City MESA	State AZ	Zip Code 85201
Purpose of Disbursement FACILITY RENTAL	<input type="text"/>	Amount of Each Disbursement this Period 3397.00
Candidate Name	Category/Type	Transaction ID : SB17.178
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. MESA PUBLIC SCHOOLS		Date of Disbursement
Mailing Address 63 E MAIN ST #101		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City MESA	State AZ	Zip Code 85201
Purpose of Disbursement FACILITY RENTAL	<input type="text"/>	Amount of Each Disbursement this Period 267.00
Candidate Name	Category/Type	Transaction ID : SB17.179
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).....	3949.91
TOTAL This Period (last page this line number only).....	

2016020200033832

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 501 OF 516	
	<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. NYS TAX DEPARTMENT		Date of Disbursement							
Mailing Address WA HARRIMAN CAMPUS		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>10</td> <td>15</td> <td>2015</td> </tr> </table>		MM	DD	YYYY	10	15	2015
MM	DD	YYYY							
10	15	2015							
City ALBANY	State NY	Zip Code 12227	Amount of Each Disbursement this Period						
Purpose of Disbursement PAYROLL TAXES	Candidate Name		<table border="1"> <tr> <td>200.19</td> </tr> </table>	200.19					
200.19									
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)		Transaction ID : SB17.182						
State: District:	Category/ Type								

Full Name (Last, First, Middle Initial) B. NYS TAX DEPARTMENT		Date of Disbursement							
Mailing Address WA HARRIMAN CAMPUS		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>10</td> <td>30</td> <td>2015</td> </tr> </table>		MM	DD	YYYY	10	30	2015
MM	DD	YYYY							
10	30	2015							
City ALBANY	State NY	Zip Code 12227	Amount of Each Disbursement this Period						
Purpose of Disbursement PAYROLL TAXES	Candidate Name		<table border="1"> <tr> <td>200.19</td> </tr> </table>	200.19					
200.19									
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)		Transaction ID : SB17.183						
State: District:	Category/ Type								

Full Name (Last, First, Middle Initial) C. NYS TAX DEPARTMENT		Date of Disbursement							
Mailing Address WA HARRIMAN CAMPUS		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>11</td> <td>13</td> <td>2015</td> </tr> </table>		MM	DD	YYYY	11	13	2015
MM	DD	YYYY							
11	13	2015							
City ALBANY	State NY	Zip Code 12227	Amount of Each Disbursement this Period						
Purpose of Disbursement PAYROLL TAXES	Candidate Name		<table border="1"> <tr> <td>200.19</td> </tr> </table>	200.19					
200.19									
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)		Transaction ID : SB17.184						
State: District:	Category/ Type								

SUBTOTAL of Disbursements This Page (optional).....	600.57
TOTAL This Period (last page this line number only).....	

2016020200033833

**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 502 OF 516	
	<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. NYS TAX DEPARTMENT		Date of Disbursement
Mailing Address WA HARRIMAN CAMPUS		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City ALBANY	State NY	Zip Code 12227
Purpose of Disbursement PAYROLL TAXES	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="200.19"/>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	Transaction ID : SB17.185

Full Name (Last, First, Middle Initial) B. NYS TAX DEPARTMENT		Date of Disbursement
Mailing Address WA HARRIMAN CAMPUS		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City ALBANY	State NY	Zip Code 12227
Purpose of Disbursement PAYROLL TAXES	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="200.19"/>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	Transaction ID : SB17.186

Full Name (Last, First, Middle Initial) C. NYS TAX DEPARTMENT		Date of Disbursement
Mailing Address WA HARRIMAN CAMPUS		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City ALBANY	State NY	Zip Code 12227
Purpose of Disbursement PAYROLL TAXES	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="200.19"/>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	Transaction ID : SB17.187

SUBTOTAL of Disbursements This Page (optional).....	600.57
TOTAL This Period (last page this line number only).....	

2016020200033834

**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. O'DANIEL COMPANIES LLC		Date of Disbursement MM / DD / YYYY 10 / 21 / 2015
Mailing Address 6418 E CLAIRE DR		Amount of Each Disbursement this Period 13586.91 Transaction ID : SB17.188
City SCOTTSDALE	State AZ	
Zip Code 85254	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL/PRINTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. O'DANIEL COMPANIES LLC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 6418 E CLAIRE DR		Amount of Each Disbursement this Period 11723.82 Transaction ID : SB17.189
City SCOTTSDALE	State AZ	
Zip Code 85254	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. O'DANIEL COMPANIES LLC		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address 6418 E CLAIRE DR		Amount of Each Disbursement this Period 11837.65 Transaction ID : SB17.190
City SCOTTSDALE	State AZ	
Zip Code 85254	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	37148.38
TOTAL This Period (last page this line number only).....	

2016020200033835

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 504 OF 516	
	<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. PACIFIC OFFICE AUTOMATION		Date of Disbursement
Mailing Address 14747 NW GREENBRIER PKWY		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City BEAVERTON	State OR	Zip Code 97006
Purpose of Disbursement EQUIPMENT LEASE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="397.24"/>
Candidate Name	Category/Type	Transaction ID : SB17.191
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. PACIFIC OFFICE AUTOMATION		Date of Disbursement
Mailing Address 14747 NW GREENBRIER PKWY		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City BEAVERTON	State OR	Zip Code 97006
Purpose of Disbursement EQUIPMENT LEASE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="136.99"/>
Candidate Name	Category/Type	Transaction ID : SB17.192
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. PRO PRODUCTION SERVICES		Date of Disbursement
Mailing Address 3532 E ELWOOD ST		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City PHOENIX	State AZ	Zip Code 85040
Purpose of Disbursement EQUIPMENT LEASE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name	Category/Type	Transaction ID : SB17.193
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).....	5534.23
TOTAL This Period (last page this line number only).....	

2016020200033836

**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 505 OF 516	
	<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. PUBLIC OPINION STRATEGIES LLC		Date of Disbursement
Mailing Address 214 N FAYETTE ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
ALEXANDRIA	VA	22314
Purpose of Disbursement SURVEY RESEARCH	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2079.00"/>
Office Sought:	Disbursement For:	Transaction ID : SB17.194
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. PUBLIC OPINION STRATEGIES LLC		Date of Disbursement
Mailing Address 214 N FAYETTE ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
ALEXANDRIA	VA	22314
Purpose of Disbursement SURVEY RESEARCH	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="17500.00"/>
Office Sought:	Disbursement For:	Transaction ID : SB17.195
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. PUBLIC OPINION STRATEGIES LLC		Date of Disbursement
Mailing Address 214 N FAYETTE ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
ALEXANDRIA	VA	22314
Purpose of Disbursement SURVEY RESEARCH	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="20000.00"/>
Office Sought:	Disbursement For:	Transaction ID : SB17.196
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="39579.00"/>
TOTAL This Period (last page this line number only).....	

201602020200033837

**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. RON GOULD STUDIOS		Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address 1401 W HURON ST		Amount of Each Disbursement this Period 529.00 Transaction ID : SB17.197
City CHICAGO	State IL Zip Code 60642	
Purpose of Disbursement PHOTOGRAPHY SVC	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. SOUTHWEST PUBLISHING		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 4000 SE ADAMS ST		Amount of Each Disbursement this Period 9179.14 Transaction ID : SB17.199
City TOPEKA	State KS Zip Code 66609	
Purpose of Disbursement PRINTING/POSTAGE	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. SOUTHWEST PUBLISHING		Date of Disbursement MM / DD / YYYY 10 / 13 / 2015
Mailing Address 4000 SE ADAMS ST		Amount of Each Disbursement this Period 5245.97 Transaction ID : SB17.200
City TOPEKA	State KS Zip Code 66609	
Purpose of Disbursement PRINTING/POSTAGE	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).....
TOTAL This Period (last page this line number only).....

14954.11

2016020200033838

**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 507 OF 516			
	<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. SOUTHWEST PUBLISHING		Date of Disbursement MM / DD / YYYY 12 / 08 / 2015
Mailing Address 4000 SE ADAMS ST		Amount of Each Disbursement this Period 7368.83 Transaction ID : SB17.201
City TOPEKA	State KS Zip Code 66609	
Purpose of Disbursement PRINTING/POSTAGE	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. SPELNA INC.		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 225 INDUSTRIAL CT		Amount of Each Disbursement this Period 26.16 Transaction ID : SB17.202
City FREDERICKSBURG	State VA Zip Code 22408	
Purpose of Disbursement STORAGE	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. SQUARE		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015
Mailing Address 1455 MARKET ST		Amount of Each Disbursement this Period 0.42 Transaction ID : SB17.203
City SAN FRANCISCO	State CA Zip Code 94103	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7395.41
TOTAL This Period (last page this line number only).....	

201602020200033839

**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 508 OF 516	
	<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. SQUARE		Date of Disbursement
Mailing Address 1455 MARKET ST		<input type="text"/> / <input type="text"/> / <input type="text"/>
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text"/>	Amount of Each Disbursement this Period 0.69
Candidate Name		Transaction ID : SB17.235
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. SQUARE		Date of Disbursement
Mailing Address 1455 MARKET ST		<input type="text"/> / <input type="text"/> / <input type="text"/>
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text"/>	Amount of Each Disbursement this Period 1.06
Candidate Name		Transaction ID : SB17.236
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. TASTE		Date of Disbursement
Mailing Address 1600 FITZGERALD LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Disbursement CATERING	<input type="text"/>	Amount of Each Disbursement this Period 789.70
Candidate Name		Transaction ID : SB17.216
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).....	791.45
TOTAL This Period (last page this line number only).....	

2016020200033840

**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 509 OF 516	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 13 20b	<input type="checkbox"/> 19c 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. THOMAS GRAPHICS		Date of Disbursement
Mailing Address: PO BOX 142226		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City AUSTIN	State TX	Zip Code 78714
Purpose of Disbursement PRINTING/POSTAGE	Candidate Name	Amount of Each Disbursement this Period 912.45
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. THOMAS GRAPHICS		Date of Disbursement
Mailing Address: PO BOX 142226		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City AUSTIN	State TX	Zip Code 78714
Purpose of Disbursement PRINTING/POSTAGE	Candidate Name	Amount of Each Disbursement this Period 233.00
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. UNITED STATES TREASURY		Date of Disbursement
Mailing Address: INTERNAL REVENUE SERVICE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City OGDEN	State UT	Zip Code 84201
Purpose of Disbursement TAXES	Candidate Name	Amount of Each Disbursement this Period 346.55
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: _____	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1492.00
TOTAL This Period (last page this line number only).....	

2016020200033841

**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 POSTMASTER		Date of Disbursement
Mailing Address 8409 LEE HWY		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City MERRIFIELD	State VA	Zip Code 22116
Purpose of Disbursement POSTAGE	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period 1000.00
Candidate Name	Transaction ID : SB17.231	
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. VALLEY NEWSPAPERS		Date of Disbursement
Mailing Address PO BOX 83323		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85071
Purpose of Disbursement ADS	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period 500.00
Candidate Name	Transaction ID : SB17.232	
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. VERIDUS LLC		Date of Disbursement
Mailing Address 111 W. MONROE SUITE 1111		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City PHOENIX	State AZ	Zip Code 85003-1762
Purpose of Disbursement IN-KIND CONTRIBUTION	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period 145.00
Candidate Name	Transaction ID : SB17.3099852	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	CATERING	

SUBTOTAL of Disbursements This Page (optional).....
TOTAL This Period (last page this line number only).....

1645.00

201602020200033842

**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 511 OF 516

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. VERIDUS OFFICE		Date of Disbursement MM / DD / YYYY 10 / 22 / 2015
Mailing Address: 111 W MONROE ST		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.233
City: PHOENIX	State: AZ Zip Code: 85003	
Purpose of Disbursement FACILITY 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. AMERICANS UNITED IN SUPPORT OF DEMOCRACY		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address: 350 W. HUBBARD SUITE 610		Amount of Each Disbursement this Period 1700.00 Transaction ID : SB17.3098415
City: CHICAGO	State: IL Zip Code: 60654-6937	
Purpose of Disbursement IN-KIND CONTRIBUTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		FINANCE EVENT CONSULTING

Full Name (Last, First, Middle Initial) C. BGR PAC		Date of Disbursement MM / DD / YYYY 10 / 22 / 2015
Mailing Address: 601 13TH ST NW 11TH FL, SOUTH		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.3098438
City: WASHINGTON	State: DC Zip Code: 20005-3807	
Purpose of Disbursement IN-KIND CONTRIBUTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		FACILITY RENTAL

SUBTOTAL of Disbursements This Page (optional).....

6825.00

TOTAL This Period (last page this line number only).....

2016020200033843

**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.

A. ORACLE CORPORATION PAC

Full Name (Last, First, Middle Initial)

Mailing Address 1015 15TH STREET NW STE. 200

City WASHINGTON State DC Zip Code 20005-2635

Purpose of Disbursement IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 30 / 2015

Amount of Each Disbursement this Period: 90.00

Transaction ID : SB17.3098929

Category/Type: FACILITY RENTAL

B.

Full Name (Last, First, Middle Initial)

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

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

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

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 90.00

TOTAL This Period (last page this line number only)..... 796394.50

201602020003384A

**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 513 OF 516	
	<input type="checkbox"/> 17 <input checked="" 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. ERNEST BINZ		Date of Disbursement
Mailing Address: 35891 S DESERT SUN DR		<input type="checkbox"/> MM / <input type="checkbox"/> DD / <input type="checkbox"/> YYYY 11 / 03 / 2015
City	State	Zip Code
TUCSON	AZ	85739
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type	Transaction ID : SB20.5
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. GERARD COLANGELO		Date of Disbursement
Mailing Address: 70 E COUNTRY CLUB DR		<input type="checkbox"/> MM / <input type="checkbox"/> DD / <input type="checkbox"/> YYYY 11 / 02 / 2015
City	State	Zip Code
PHOENIX	AZ	85014
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 2400.00
Candidate Name	Category/Type	Transaction ID : SB20.2
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. ELLING HALVORSON		Date of Disbursement
Mailing Address: 5 CLUB VISTA DR		<input type="checkbox"/> MM / <input type="checkbox"/> DD / <input type="checkbox"/> YYYY 12 / 02 / 2015
City	State	Zip Code
HENDERSON	NV	89052
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/Type	Transaction ID : SB20.8
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).....	3900.00
TOTAL This Period (last page this line number only).....	

201602020200033845

**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 514 OF 516	
	<input type="checkbox"/> 17 <input checked="" 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. JEROME HIRSCH		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 4455 E CAMELBACK RD,		Amount of Each Disbursement this Period 1900.00 Transaction ID : SB20.3
City PHOENIX State AZ Zip Code 85018	Purpose of Disbursement CONTRIBUTION REFUND	
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. JOHN O'NEILL JR		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 1749 SEATON ST NW		Amount of Each Disbursement this Period 1700.00 Transaction ID : SB20.1
City WASHINGTON State DC Zip Code 20009	Purpose of Disbursement CONTRIBUTION REFUND	
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. THEODORE OLSON		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 466 RIVER BEND RD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20.6
City GREAT FALLS State VA Zip Code 22066	Purpose of Disbursement CONTRIBUTION REFUND	
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).....	4600.00
TOTAL This Period (last page this line number only).....	

2016020200033846

**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 515 OF 516	
	<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. RUTH RUS		Date of Disbursement							
Mailing Address 3813 E AMELIA AVE		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>02</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	02	2015
M M	D D	Y Y Y Y							
11	02	2015							
City PHOENIX	State AZ	Zip Code 85018	Amount of Each Disbursement this Period						
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	20.00						
Candidate Name			Transaction ID : SB20.4						
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. ROBERT SARVER		Date of Disbursement							
Mailing Address 5710 N YUCCA RD		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>20</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	11	20	2015
M M	D D	Y Y Y Y							
11	20	2015							
City PARADISE VALLEY	State AZ	Zip Code 85253	Amount of Each Disbursement this Period						
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	2600.00						
Candidate Name			Transaction ID : SB20.7						
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. DIANE TOOKER		Date of Disbursement							
Mailing Address 15802 N 71ST ST		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td>09</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	12	09	2015
M M	D D	Y Y Y Y							
12	09	2015							
City SCOTTSDALE	State AZ	Zip Code 85254	Amount of Each Disbursement this Period						
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	2200.00						
Candidate Name			Transaction ID : SB20.10						
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).....	4820.00
TOTAL This Period (last page this line number only).....	

2016020200033847

**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 516 OF 516	
	<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. GARY TOOKER		Date of Disbursement
Mailing Address 15802 N 71ST ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City SCOTTSDALE	State AZ	Zip Code 85254
Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="2050.00"/>
Candidate Name	Category/Type	Transaction ID : SB20.11
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. GILA RIVER INDIAN COMMUNITY		Date of Disbursement
Mailing Address PO BOX 2160		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City SACATON	State AZ	Zip Code 85147
Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="2600.00"/>
Candidate Name	Category/Type	Transaction ID : SB20.9
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.		Date of Disbursement
Mailing Address		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text" value=""/>	Amount of Each Disbursement this Period
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).....	<input type="text" value="4650.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="17970.00"/>

2016020200033848

Hand Delivered

201602020200033849

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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1-29-16

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USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

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NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

POSTMARK

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

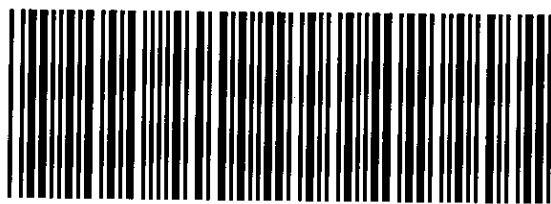
PREPARER

DH

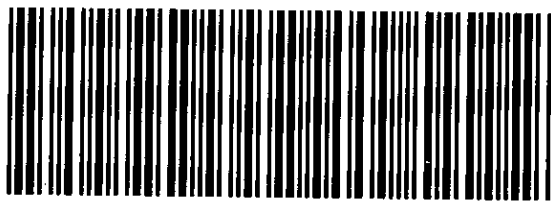
DATE PREPARED

1-29-16

201602020200033850



SEN PATCH



SEN PATCH

2016020200033851