

**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 392	
	<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. NYS TAX DEPARTMENT		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address WA HARRIMAN CAMPUS		Amount of Each Disbursement this Period 200.19 Transaction ID : SB17.108
City ALBANY	State NY	
Zip Code 12227	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:	

Full Name (Last, First, Middle Initial) B. NYS TAX DEPARTMENT		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address WA HARRIMAN CAMPUS		Amount of Each Disbursement this Period 200.19 Transaction ID : SB17.109
City ALBANY	State NY	
Zip Code 12227	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:	

Full Name (Last, First, Middle Initial) C. NYS TAX DEPARTMENT		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address WA HARRIMAN CAMPUS		Amount of Each Disbursement this Period 200.19 Transaction ID : SB17.110
City ALBANY	State NY	
Zip Code 12227	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)	600.57
TOTAL This Period (last page this line number only)	

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