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. Full Name (Last, First, Middle Initial)
ROBERT CLEARWATER

Mailing Address 3415 RIVERKNOLL WAY

City: WEST LINN | State: OR | Zip Code: 97068

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 03 / 2015

Amount of Each Disbursement this Period: 125.00

Transaction ID : SB20.6

B. Full Name (Last, First, Middle Initial)
VIRGINIA CLEARWATER

Mailing Address 3415 RIVERKNOLL WAY

City: WEST LINN | State: OR | Zip Code: 97068

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 03 / 2015

Amount of Each Disbursement this Period: 375.00

Transaction ID : SB20.7

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER EGAN

Mailing Address 116 FLANDERS RD, STE 2000

City: WESTBOROUGH | State: MA | Zip Code: 01581

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 09 / 2015

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB20.1

SUBTOTAL of Disbursements This Page (optional) 5500.00

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

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