

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED. 14 OCT 15 PM 4:09 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) [X]

OR

AMENDED (A) []

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1) []

July 15 Quarterly Report (Q2) []

October 15 Quarterly Report (Q3) [X]

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 07 / 01 / 2014

through

MM / DD / YYYY 09 / 30 / 2014

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

Type or Print Name of Treasurer Keith A Davis

Signature of Treasurer

Keith A Davis

Keith A. Davis

Date

MM / DD / YYYY 10 / 15 / 2014

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)

14020841641

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF JOHN MCCAIN, INC.

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2014

To:

MM / DD / YYYY
09 / 30 / 2014

	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)) ..	258272.05	1216883.49
(b) Total Contribution Refunds (from Line 20(d)) ..	50.00	2544.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	258222.05	1214339.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	166436.30	614044.90
(b) Total Offsets to Operating Expenditures (from Line 14) ...	15.00	3416.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	166421.30	610628.65
8. Cash on Hand at Close of Reporting Period (from Line 27)...	1543842.01	
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) ..	1447.60	

For further information contact:

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

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

14020841642

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 111

Write or Type Committee Name

FRIENDS OF JOHN MCCAIN, INC.

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2014 To: MM / DD / YYYY 09 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	205153.00	985799.49
(ii) Unitemized.....	31529.05	45917.82
(iii) TOTAL of contributions from individuals .	236682.05	1031717.31
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	21590.00	185166.18
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	258272.05	1216883.49
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	1188711.26
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	15.00	3416.25
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	160.50	21983.93
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	258447.55	2430994.93

14020841643

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	166436.30	614044.90
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 ...	50.00	2544.00
(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))...	50.00	2544.00
21. OTHER DISBURSEMENTS	250500.00	270564.02
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	416986.30	887152.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	1702380.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	258447.55
25. SUBTOTAL (add Line 23 and Line 24)...	1960828.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	416986.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	1543842.01

14020841644

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

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

FOR LINE NUMBER: PAGE 5 OF 111
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 117 COVINGTON CT.

City OAK BROOK State IL Zip Code 60523-2575

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

Name of Employer K.C.I. ENGINEERING CONSULTANTS Occupation C.E.O.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt 09 / 03 / 2014

Transaction ID : SA11.3084604

Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM F. ANDREWS

Mailing Address 1409 MORAN RD

City FRANKLIN State TN Zip Code 37069-6301

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

Name of Employer CORRECTIONS CORP. OF AMERICA Occupation CHAIRMAN OF THE BOARD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt 08 / 20 / 2014

Transaction ID : SA11.3084410

Amount of Each Receipt this Period 250.00
CONTRIBUTION

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

Mailing Address 700 PARK AVE., APT. 18A

City NEW YORK State NY Zip Code 10021-7098

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 2600.00

Date of Receipt 09 / 02 / 2014

Transaction ID : SA11.3085057

Amount of Each Receipt this Period 2600.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 3100.00

TOTAL This Period (last page this line number only)

14020841645

**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 6 OF 111	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) MR. ROBERT C. BAKER			Date of Receipt MM / DD / YYYY 08 / 25 / 2014	
A. Mailing Address 44 JOHN ST.			Transaction ID : SA11.3084518	
City GREENWICH	State CT	Zip Code 06831-2609	Amount of Each Receipt this Period 5200.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer NATIONAL REALTY & DEVELOPMENT CORP		Occupation REAL ESTATE		
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. ROBERT C. BAKER			Date of Receipt MM / DD / YYYY 08 / 25 / 2014	
B. Mailing Address 44 JOHN ST.			Transaction ID : SA11.3084518B	
City GREENWICH	State CT	Zip Code 06831-2609	Amount of Each Receipt this Period -2600.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer NATIONAL REALTY & DEVELOPMENT CORP		Occupation REAL ESTATE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	[MEMO ITEM] REDESIGNATION TO GENERAL	

Full Name (Last, First, Middle Initial) MR. ROBERT C. BAKER			Date of Receipt MM / DD / YYYY 08 / 25 / 2014	
C. Mailing Address 44 JOHN ST.			Transaction ID : SA11.3084532	
City GREENWICH	State CT	Zip Code 06831-2609	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer NATIONAL REALTY & DEVELOPMENT CORP		Occupation REAL ESTATE		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY	

SUBTOTAL of Receipts This Page (optional).....			5200.00	
TOTAL This Period (last page this line number only).....				

14020841646

**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 111	
	(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. ROBERT A. BELFER		Date of Receipt MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 767 5TH AVENUE		Transaction ID : SA11.3084956	
City NEW YORK	State NY	Zip Code 10153-0023	Amount of Each Receipt this Period CONTRIBUTION 2600.00
FEC ID number of contributing federal political committee. C	Name of Employer BELFER MANAGEMENT	Occupation MANAGEMENT/OWNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

B. Full Name (Last, First, Middle Initial) MR. STEPHEN E. BELL		Date of Receipt MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 1253 DARTMOUTH COURT		Transaction ID : SA11.3083905	
City ALEXANDRIA	State VA	Zip Code 22314-4784	Amount of Each Receipt this Period CONTRIBUTION 1000.00
FEC ID number of contributing federal political committee. C	Name of Employer BIPARTISAN POLICY CENTER	Occupation DIRECTOR	
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. MARGARET ANN BIGGS		Date of Receipt MM / DD / YYYY 08 / 20 / 2014	
Mailing Address 5555 E. VIA MONTOYA DR.		Transaction ID : SA11.3084402	
City PHOENIX	State AZ	Zip Code 85054-7148	Amount of Each Receipt this Period CONTRIBUTION 78.00
FEC ID number of contributing federal political committee. C	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 328.00		

SUBTOTAL of Receipts This Page (optional).....	3678.00
TOTAL This Period (last page this line number only).....	

14020841647

**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 8 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) DR. GREGORY BLITZ M.D.		Date of Receipt MM / DD / YYYY 09 / 19 / 2014
Mailing Address 2050 W. 106TH ST.		Transaction ID : SA11.3084967
City CARMEL	State IN	Zip Code 46032-7918
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer MERIDIAN MEDICAL GROUP	Occupation PHYSICIAN	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) MR. DAVID A. BOCKORNY		Date of Receipt MM / DD / YYYY 07 / 29 / 2014
Mailing Address 3101 S. BISHOP JONES PLACE		Transaction ID : SA11.3083903
City SIOUX FALLS	State SD	Zip Code 57103-4669
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer THE BOCKORNY GROUP	Occupation PRESIDENT	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) HARRIET BROWN		Date of Receipt MM / DD / YYYY 09 / 03 / 2014
Mailing Address 430 SUNSET DR.		Transaction ID : SA11.3084638
City LEBANON	State MO	Zip Code 65536-2060
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer SELF-EMPLOYED	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	

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

14020841648

**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)

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. THOMAS A. BRUDER JR.

Mailing Address 600 REED RD, STE. 301

City **BROOMALL** State **PA** Zip Code **19008-3505**

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
09 / 03 / 2014

Transaction ID : **SA11.3084643**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. BARBARA BURGESS

Mailing Address 1267 PROFESSIONAL PKWY

City **GAINESVILLE** State **GA** Zip Code **30507-8705**

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

Name of Employer **PROCARE P.B.M.** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
09 / 03 / 2014

Transaction ID : **SA11.3084649**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 11195 E. OLD SCHOOLHOUSE RD

City **CORNVILLE** State **AZ** Zip Code **86325-6211**

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
08 / 20 / 2014

Transaction ID : **SA11.3084412**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

750.00

14020841649

**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 10 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MR. EDWARD F. COX		Date of Receipt MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1133 AVENUE OF THE AMERICAS		Transaction ID : SA11.3085044	
City NEW YORK	State NY	Zip Code 10036-6710	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer N.Y.R.S.C.		Occupation CHAIRMAN	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3600.00	

CONTRIBUTION

Full Name (Last, First, Middle Initial) MR. EDWARD F. COX		Date of Receipt MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1133 AVENUE OF THE AMERICAS		Transaction ID : SA11.3085044B	
City NEW YORK	State NY	Zip Code 10036-6710	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1000.00	
Name of Employer N.Y.R.S.C.		Occupation CHAIRMAN	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3600.00	

CONTRIBUTION
[MEMO ITEM]
REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) MR. EDWARD F. COX		Date of Receipt MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1133 AVENUE OF THE AMERICAS		Transaction ID : SA11.3085148	
City NEW YORK	State NY	Zip Code 10036-6710	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer N.Y.R.S.C.		Occupation CHAIRMAN	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3600.00	

CONTRIBUTION
[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional)	2600.00
TOTAL This Period (last page this line number only)	

14020841650

**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 11 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. STEVE GLEN CROWELL

Mailing Address 5599 SAN FELIPE ST., STE. 1000

City	State	Zip Code
HOUSTON	TX	77056-2724

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

Name of Employer
PLUSPETROL

Occupation
C.E.O.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2014

Transaction ID : SA11.3084733

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JACK DAVID

Mailing Address 351 BRUNING ROAD

City	State	Zip Code
NEW HARTFORD	CT	06057-2401

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

Name of Employer
SELF-EMPLOYED

Occupation
CONSULTANT AND INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2014

Transaction ID : SA11.3084977

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PAUL F. DENNING

Mailing Address 999 GREEN ST., #2802

City	State	Zip Code
SAN FRANCISCO	CA	94133-5405

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

Name of Employer
SELF-EMPLOYED

Occupation
INVESTMENT BANKING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2014

Transaction ID : SA11.3084741

Amount of Each Receipt this Period
500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

14020841651

**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 12 OF 111	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

A. Full Name (Last, First, Middle Initial)
MR. THOMAS J. DEVINE

Mailing Address **333 E. 56TH STREET #14G**

City **NEW YORK** State **NY** Zip Code **10022-3763**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
09 / 30 / 2014

Transaction ID : **SA11.3085047**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. BARBARA A. DURAND

Mailing Address **1808 N. 9TH AVENUE**

City **PHOENIX** State **AZ** Zip Code **85007-1710**

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
08 / 26 / 2014

Transaction ID : **SA11.3084491**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JUDITH ANN EISENBERG

Mailing Address **895 PARK AVE., #1C**

City **NEW YORK** State **NY** Zip Code **10075-0327**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
09 / 30 / 2014

Transaction ID : **SA11.3085042**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

3600.00

14020841652

**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 13 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. LEWIS M. EISENBERG

Mailing Address **9 W. 57TH STREET, SUITE 4200**

City **NEW YORK** State **NY** Zip Code **10019-2707**

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

Name of Employer **KOHLBERG KRAVIS ROBERTS** Occupation **INVESTMENTS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 MM / DD / YYYY
09 / 30 / 2014

Transaction ID : **SA11.3085045**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THOMAS B. FARGO

Mailing Address **1050 KAIMOKU PLACE**

City **HONOLULU** State **HI** Zip Code **96821-1439**

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

Name of Employer **FARGO ASSOCIATES, L.L.C.** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 MM / DD / YYYY
09 / 23 / 2014

Transaction ID : **SA11.3084979**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROGER FELBERBAUM

Mailing Address **800 PARK AVE.**

City **NEW YORK** State **NY** Zip Code **10021-2760**

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

Name of Employer **R.B.C. WEALTH MANAGEMENT** Occupation **INVESTMENT ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 MM / DD / YYYY
08 / 13 / 2014

Transaction ID : **SA11.3084049**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

4100.00

14020841653

**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 14 OF 111	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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. GEORGE FELLOWS

Mailing Address **462 MARINER DR.**

City **JUPITER** State **FL** Zip Code **33477-4068**

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

Name of Employer **G.F. ENTERPRISES, L.L.C.** Occupation **DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
08 / 25 / 2014

Transaction ID : **SA11.3084520**

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GARY FELSHER

Mailing Address **645 FIFTH AVENUE**

City **NEW YORK** State **NY** Zip Code **10022-5910**

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

Name of Employer **F.G.H., INC.** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
09 / 29 / 2014

Transaction ID : **SA11.3085026**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALLEN H. FORD

Mailing Address **1890 E. 107TH STREET
APARTMENT 905**

City **CLEVELAND** State **OH** Zip Code **44106-2252**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
09 / 09 / 2014

Transaction ID : **SA11.3084597**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

4000.00

14020841654

**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 111
<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. HOWARD L. GANEK		Date of Receipt MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 622 N. FLAGLER DR., APT. 1204		Transaction ID : SA11.3084955	
City WEST PALM BEACH	State FL	Zip Code 33401-4032	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 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 1000.00		

Full Name (Last, First, Middle Initial) MR. DENNIS J. GILBERT		Date of Receipt MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 9665 WILSHIRE BLVD, #801		Transaction ID : SA11.3085007	
City BEVERLY HILLS	State CA	Zip Code 90212-2315	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00 CONTRIBUTION	
Name of Employer GILBERT INSURANCE SERVICES	Occupation INSURANCE AGENT		
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. DENNIS J. GILBERT		Date of Receipt MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 9665 WILSHIRE BLVD, #801		Transaction ID : SA11.3085007B	
City BEVERLY HILLS	State CA	Zip Code 90212-2315	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00 CONTRIBUTION	
Name of Employer GILBERT INSURANCE SERVICES	Occupation INSURANCE AGENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
		[MEMO ITEM] REDESIGNATION TO GENERAL	

SUBTOTAL of Receipts This Page (optional)	6200.00
TOTAL This Period (last page this line number only)	

14020841655

**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 16 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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. DENNIS J. GILBERT

Mailing Address 9665 WILSHIRE BLVD, #801

City BEVERLY HILLS	State CA	Zip Code 90212-2315
------------------------------	--------------------	-------------------------------

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

Name of Employer GILBERT INSURANCE SERVICES	Occupation INSURANCE AGENT
---	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2014

Transaction ID : **SA11.3085009**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address 305 SEMINOLE AVE.

City PALM BEACH	State FL	Zip Code 33480-
---------------------------	--------------------	---------------------------

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

Name of Employer WOODS MANAGEMENT CO., L.L.C.	Occupation REAL ESTATE
---	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2014

Transaction ID : **SA11.3084513**

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address 305 SEMINOLE AVE.

City PALM BEACH	State FL	Zip Code 33480-
---------------------------	--------------------	---------------------------

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

Name of Employer WOODS MANAGEMENT CO., L.L.C.	Occupation REAL ESTATE
---	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2014

Transaction ID : **SA11.3084513B**

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

14020841656

**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 111	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

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

Mailing Address **305 SEMINOLE AVE.**

City **PALM BEACH** State **FL** Zip Code **33480-**

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

Name of Employer **WOODS MANAGEMENT CO., L.L.C.** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **08 / 25 / 2014**

Transaction ID : **SA11.3084540**

Amount of Each Receipt this Period **2400.00**

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MRS. GAIL GOLDEN-ICAHN

Mailing Address **767 5TH AVE., FL-47**

City **NEW YORK** State **NY** Zip Code **10153-0023**

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

Name of Employer **ICAHN ASSOCIATES** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **09 / 17 / 2014**

Transaction ID : **SA11.3084981**

Amount of Each Receipt this Period **5200.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. GAIL GOLDEN-ICAHN

Mailing Address **767 5TH AVE., FL-47**

City **NEW YORK** State **NY** Zip Code **10153-0023**

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

Name of Employer **ICAHN ASSOCIATES** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **09 / 17 / 2014**

Transaction ID : **SA11.3084981B**

Amount of Each Receipt this Period **-2600.00**

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5200.00

14020841657

**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 111
(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. GAIL GOLDEN-ICAHN

Mailing Address **767 5TH AVE., FL-47**

City **NEW YORK** State **NY** Zip Code **10153-0023**

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

Name of Employer **ICAHN ASSOCIATES** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **09 / 17 / 2014**
Transaction ID : **SA11.3084986**

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
MR. GORDON GUND

Mailing Address **PO BOX 449**

City **PRINCETON** State **NJ** Zip Code **08542-0449**

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

Name of Employer **GUND INVESTMENT GROUP** Occupation **VENTURE CAPITAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **09 / 25 / 2014**
Transaction ID : **SA11.3084991**

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GORDON GUND

Mailing Address **PO BOX 449**

City **PRINCETON** State **NJ** Zip Code **08542-0449**

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

Name of Employer **GUND INVESTMENT GROUP** Occupation **VENTURE CAPITAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **09 / 25 / 2014**
Transaction ID : **SA11.3084991B**

Amount of Each Receipt this Period
-2400.00
CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

SUBTOTAL of Receipts This Page (optional)..... **5000.00**

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

14020841658

**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 111	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

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

Mailing Address **PO BOX 449**

City **PRINCETON** State **NJ** Zip Code **08542-0449**

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

Name of Employer **GUND INVESTMENT GROUP** Occupation **VENTURE CAPITAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
09 / 25 / 2014

Transaction ID : **SA11.3085013**

Amount of Each Receipt this Period
2400.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
MR. JOHN R. HALL

Mailing Address **101 IDLE HOUR DR., #4**

City **LEXINGTON** State **KY** Zip Code **40502-1166**

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
08 / 18 / 2014

Transaction ID : **SA11.3084337**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ELLING HALVORSON

Mailing Address **12515 WILLOWS RD NE, STE. 200**

City **KIRKLAND** State **WA** Zip Code **98034-8759**

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

Name of Employer **PAPILLON AIRWAYS, INC.** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
08 / 19 / 2014

Transaction ID : **SA11.3084397**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **1250.00**

TOTAL This Period (last page this line number only)

14020841659

**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 111

<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. J. IRA HARRIS		Date of Receipt MM / DD / YYYY 08 / 26 / 2014	
Mailing Address 310 WELLS RD		Transaction ID : SA11.3084505	
City PALM BEACH	State FL	Zip Code 33480-3627	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2000.00 CONTRIBUTION	
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 2000.00		
B. Full Name (Last, First, Middle Initial) MR. DAVID HATALA		Date of Receipt MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 18788 N. 90TH PL.		Transaction ID : SA11.3084795	
City SCOTTSDALE	State AZ	Zip Code 85255-5349	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer AIR TRANSPORT INTERNATIONAL	Occupation AIRLINE PILOT		
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) MRS. ANN K. HEALY		Date of Receipt MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 992 KIRK HILL LANE		Transaction ID : SA11.3084576	
City LAKE FOREST	State IL	Zip Code 60045-4207	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 400.00 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 400.00		
SUBTOTAL of Receipts This Page (optional).....		2900.00	
TOTAL This Period (last page this line number only).....		2900.00	

14020841660

**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 111

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

A. Full Name (Last, First, Middle Initial)
MR. ARTHUR HERSHAFT

Mailing Address **625 PARK AVE., APT. 5A**

City NEW YORK	State NY	Zip Code 10065-6545
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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
07 / 29 / 2014

Transaction ID : **SA11.3083898**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RONNIE HEYMAN

Mailing Address **150 BRADLEY PLACE, # 211**

City PALM BEACH	State FL	Zip Code 33480-3805
---------------------------	--------------------	-------------------------------

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

Name of Employer G.A.F. INDUSTRIES	Occupation CHAIRMAN
--	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
07 / 28 / 2014

Transaction ID : **SA11.3083897**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

Mailing Address **15 E. 5TH ST., FL-32**

City TULSA	State OK	Zip Code 74103-4346
----------------------	--------------------	-------------------------------

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

Name of Employer NADEL & GUSSMAN, L.L.C.	Occupation EXECUTIVE/PARTNER
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
09 / 09 / 2014

Transaction ID : **SA11.3084592**

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

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

5600.00

14020841661

**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 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A.

Full Name (Last, First, Middle Initial)
MR. CARL C. ICAHN

Mailing Address **767 5TH AVE., FL-47**

City **NEW YORK** State **NY** Zip Code **10153-0023**

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

Name of Employer **ICHAN ASSOCIATES** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **09 / 17 / 2014**

Transaction ID : **SA11.3084982**

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CARL C. ICAHN

Mailing Address **767 5TH AVE., FL-47**

City **NEW YORK** State **NY** Zip Code **10153-0023**

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

Name of Employer **ICHAN ASSOCIATES** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **09 / 17 / 2014**

Transaction ID : **SA11.3084982B**

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C.

Full Name (Last, First, Middle Initial)
MR. CARL C. ICAHN

Mailing Address **767 5TH AVE., FL-47**

City **NEW YORK** State **NY** Zip Code **10153-0023**

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

Name of Employer **ICHAN ASSOCIATES** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **09 / 17 / 2014**

Transaction ID : **SA11.3084984**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

SUBTOTAL of Receipts This Page (optional)..... **5200.00**

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

14020841662

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

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

FOR LINE NUMBER: PAGE 23 OF 111

(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. MITCHELL JACOBSON

Mailing Address 67 FEEKS LN

City: LOCUST VALLEY State: NY Zip Code: 11560-2020

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

Name of Employer: CENTRAL STREET CAPITAL Occupation: FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 08 / 25 / 2014

Transaction ID : SA11.3084522

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT WOODY JOHNSON IV

Mailing Address 630 5TH AVENUE, SUITE 1510

City: NEW YORK State: NY Zip Code: 10111-1504

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

Name of Employer: THE JOHNSON COMPANY Occupation: CHAIRMAN & C.E.O.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 09 / 30 / 2014

Transaction ID : SA11.3085046

Amount of Each Receipt this Period: 5200.00

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
MR. RUSS 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: 300.00

Date of Receipt: 09 / 03 / 2014

Transaction ID : SA11.3084850

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 7950.00

TOTAL This Period (last page this line number only)

14020841663

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 111

<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. ABRAHAM KAPLAN

Mailing Address **333 SUNSET AVE., APT. 610**

City PALM BEACH	State FL	Zip Code 33480-3831
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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

Date of Receipt

MM	DD	YYYY
08	25	2014

Transaction ID : SA11.3084516

Amount of Each Receipt this Period

 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GEORGE S. KAUFMAN

Mailing Address **450 FASHION AVE., PH**

City NEW YORK	State NY	Zip Code 10123-0101
-------------------------	--------------------	-------------------------------

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

Name of Employer KAUFMAN MANAGEMENT	Occupation PRESIDENT
---	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

MM	DD	YYYY
08	25	2014

Transaction ID : SA11.3084507

Amount of Each Receipt this Period

 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. W. RUSSELL KING

Mailing Address **8525 GEORGETOWN PIKE**

City MCLEAN	State VA	Zip Code 22102-1204
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FEC ID number of contributing federal political committee. **C**

Name of Employer FREEPORT-MCMORAN COPPER & GOLD, IN	Occupation SENIOR VICE PRESIDENT
---	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

MM	DD	YYYY
07	29	2014

Transaction ID : SA11.3083904

Amount of Each Receipt this Period

 CONTRIBUTION

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

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

14020841664

**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 25 OF 111	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

A. Full Name (Last, First, Middle Initial) MR. NEIL H. KOENIG		Date of Receipt MM / DD / YYYY 08 / 25 / 2014	
Mailing Address 622 3RD AVENUE, FL-33		Transaction ID : SA11.3084511	
City NEW YORK	State NY	Zip Code 10017-6707	Amount of Each Receipt this Period CONTRIBUTION 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer IMOWITZ & KOENIG	Occupation MANAGING PARTNER	Election Cycle-to-Date 2000.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

B. Full Name (Last, First, Middle Initial) MR. TOM C. KOROLOGOS		Date of Receipt MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 3150 SOUTH ST. NW, APT. 2A		Transaction ID : SA11.3084990	
City WASHINGTON	State DC	Zip Code 20007-4433	Amount of Each Receipt this Period CONTRIBUTION 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer D.L.A. PIPER	Occupation STRATEGIC ADVISOR	Election Cycle-to-Date 2500.00	
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. ALVIN B. KRONGARD		Date of Receipt MM / DD / YYYY 08 / 25 / 2014	
Mailing Address 1400 W. SEMINARY AVENUE		Transaction ID : SA11.3084506	
City LUTHERVILLE	State MD	Zip Code 21093-3712	Amount of Each Receipt this Period CONTRIBUTION 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 1000.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

14020841665

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

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

FOR LINE NUMBER: PAGE 26 OF 111
(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	

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. JEFFREY B. LANE

Mailing Address **800 5TH AVE.**

City NEW YORK	State NY	Zip Code 10065-7216
-------------------------	--------------------	-------------------------------

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

Name of Employer MODERN ASSET MANAGEMENT	Occupation INVESTMENTS
--	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
08 / 25 / 2014

Transaction ID : **SA11.3084510**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LAURENCE C. LEEDS JR.

Mailing Address **750 3RD AVENUE**

City NEW YORK	State NY	Zip Code 10017-2703
-------------------------	--------------------	-------------------------------

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

Name of Employer BUCKINGHAM CAPITAL MANAGEMENT	Occupation CHAIRMAN
--	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
08 / 25 / 2014

Transaction ID : **SA11.3084508**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. BARBARA 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
5200.00

Date of Receipt
09 / 23 / 2014

Transaction ID : **SA11.3085021B**

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

3600.00

14020841666

**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 27 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Name of Employer J.F. LEHMAN & COMPANY Occupation ARTIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY
 09 / 23 / 2014

Transaction ID : SA11.3085024

Amount of Each Receipt this Period

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.

Name of Employer J.F. LEHMAN & COMPANY Occupation C.E.O.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY
 09 / 23 / 2014

Transaction ID : SA11.3084976

Amount of Each Receipt this Period

CONTRIBUTION

SEE REATTRIBUTION

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

Name of Employer J.F. LEHMAN & COMPANY Occupation ARTIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY
 09 / 23 / 2014

Transaction ID : SA11.3085021

Amount of Each Receipt this Period

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

14020841667

**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 111
(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. 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 **C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt 09 / 23 / 2014

Transaction ID : **SA11.3084976B**

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

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 **C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt 09 / 23 / 2014

Transaction ID : **SA11.3085022B**

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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 **C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt 09 / 23 / 2014

Transaction ID : **SA11.3085023**

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional)..... 0.00

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

14020841668

**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"/> 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. HAROLD F. LENFEST

Mailing Address 2445 OAKS CIR.

City HUNTINGDON VALLEY	State PA	Zip Code 19006-5621
---------------------------	-------------	------------------------

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
5200.00

Date of Receipt
09 / 23 / 2014

Transaction ID : SA11.3084980

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

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

Mailing Address 2445 OAKS CIR.

City HUNTINGDON VALLEY	State PA	Zip Code 19006-5621
---------------------------	-------------	------------------------

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
5200.00

Date of Receipt
09 / 23 / 2014

Transaction ID : SA11.3084980B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address 2445 OAKS CIR.

City HUNTINGDON VALLEY	State PA	Zip Code 19006-5621
---------------------------	-------------	------------------------

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
5200.00

Date of Receipt
09 / 23 / 2014

Transaction ID : SA11.3085015

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

5200.00

14020841669

**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 30 OF 111

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. ANTHONY LINCOLN

Mailing Address **PO BOX 160**

City **SAINT MICHAELS** State **AZ** Zip Code **86511-0160**

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 **09 / 03 / 2014**

Transaction ID : **SA11.3084764**

Amount of Each Receipt this Period
250.00
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 **5200.00**

Date of Receipt **08 / 25 / 2014**

Transaction ID : **SA11.3084515**

Amount of Each Receipt this Period
5200.00
CONTRIBUTION

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 **5200.00**

Date of Receipt **08 / 25 / 2014**

Transaction ID : **SA11.3084515B**

Amount of Each Receipt this Period
-2600.00
CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

SUBTOTAL of Receipts This Page (optional)..... **5450.00**

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

14020841670

**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 111	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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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.

Name of Employer MACK COMPANY	Occupation SENIOR PARTNER
----------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.3084534

Amount of Each Receipt this Period

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. FREDRIC MACK

Mailing Address 2115 LINWOOD AVENUE

City FORT LEE	State NJ	Zip Code 07024-5020
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer THE MACK COMPANY	Occupation REAL ESTATE
--------------------------------------	---------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.3084521

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. PHYLLIS S. MACK

Mailing Address 60 COLUMBUS CIRCLE, FL-20

City NEW YORK	State NY	Zip Code 10023-5802
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.3084519

Amount of Each Receipt this Period

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="7800.00"/>
TOTAL This Period (last page this line number only).....	

14020841671

**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 111
(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. PHYLLIS S. MACK

Mailing Address 60 COLUMBUS CIRCLE, FL-20

City NEW YORK State NY Zip Code 10023-5802

FEC ID number of contributing federal political committee.

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
08 / 25 / 2014

Transaction ID : SA11.3084519B

Amount of Each Receipt this Period

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MRS. PHYLLIS S. MACK

Mailing Address 60 COLUMBUS CIRCLE, FL-20

City NEW YORK State NY Zip Code 10023-5802

FEC ID number of contributing federal political committee.

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
08 / 25 / 2014

Transaction ID : SA11.3084536

Amount of Each Receipt this Period

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. MORRIS MARK

Mailing Address 625 PARK AVE., APT. 7A

City NEW YORK State NY Zip Code 10065-6545

FEC ID number of contributing federal political committee.

Name of Employer **MARK ASSET MANAGEMENT CORP.** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
08 / 25 / 2014

Transaction ID : SA11.3084517

Amount of Each Receipt this Period

CONTRIBUTION

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

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

14020841672

**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 33 OF 111

<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

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. MORRIS MARK

A.

Mailing Address 625 PARK AVE., APT. 7A

City State Zip Code
NEW YORK NY 10065-6545

FEC ID number of contributing federal political committee.

C

Name of Employer
MARK ASSET MANAGEMENT CORP.

Occupation
PRESIDENT

Receipt For: 2016

Primary General
 Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : SA11.3084517B

Amount of Each Receipt this Period

-2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

MR. MORRIS MARK

B.

Mailing Address 625 PARK AVE., APT. 7A

City State Zip Code
NEW YORK NY 10065-6545

FEC ID number of contributing federal political committee.

C

Name of Employer
MARK ASSET MANAGEMENT CORP.

Occupation
PRESIDENT

Receipt For: 2016

Primary General
 Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : SA11.3084538

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

MR. J. HOWARD MARSHALL

C.

Mailing Address 300 S. ORANGE GROVE BLVD

City State Zip Code
PASADENA CA 91105-3506

FEC ID number of contributing federal political committee.

C

Name of Employer
MDH INDUSTRIES, INC.

Occupation
EXECUTIVE/ENGINEER

Receipt For: 2016

Primary General
 Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
08 / 18 / 2014

Transaction ID : SA11.3084292

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

14020841673

**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 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MRS. CYNTHIA H. MATTHEWS WHITEHEAD

Mailing Address 16 SUTTON SQUARE

City NEW YORK State NY Zip Code 10022-2408

FEC ID number of contributing federal political committee.

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt / /

Transaction ID : SA11.3085050

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CYNTHIA H. MATTHEWS WHITEHEAD

Mailing Address 16 SUTTON SQUARE

City NEW YORK State NY Zip Code 10022-2408

FEC ID number of contributing federal political committee.

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt / /

Transaction ID : SA11.3085050B

Amount of Each Receipt this Period

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MRS. CYNTHIA H. MATTHEWS WHITEHEAD

Mailing Address 16 SUTTON SQUARE

City NEW YORK State NY Zip Code 10022-2408

FEC ID number of contributing federal political committee.

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt / /

Transaction ID : SA11.3085150

Amount of Each Receipt this Period

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

14020841674

**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 111
(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)
ISIDORE MAYROCK

Mailing Address **100 QUENTIN ROOSEVELT BLVD**

City **GARDEN CITY** State **NY** Zip Code **11530-4874**

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

Name of Employer **R.E.I., L.L.C.** Occupation **REAL ESTATE INVESTMENTS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **08 / 18 / 2014**

Transaction ID : **SA11.3084282**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. NORMAN P. MCCLELLAND

Mailing Address **5080 N. 40TH ST.
SUITE 400**

City **PHOENIX** State **AZ** Zip Code **85018-2150**

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

Name of Employer **SHAMROCK FOODS** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **08 / 13 / 2014**

Transaction ID : **SA11.3084063**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address **611 FORT WILLIAMS PARKWAY**

City **ALEXANDRIA** State **VA** Zip Code **22304-1813**

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

Name of Employer **PUBLIC OPINION STRATEGIES** Occupation **FOUNDER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt **09 / 02 / 2014**

Transaction ID : **SA11.3084561**

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **4500.00**

TOTAL This Period (last page this line number only)

14020841675

**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 36 OF 111	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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. EDWARD H. MEYER

Mailing Address 767 5TH AVE., FL-18

City	State	Zip Code
NEW YORK	NY	10153-0033

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

Name of Employer	Occupation
OCEAN ROAD ADVISORS, INC.	CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt

MM	DD	YYYY
09	29	2014

Transaction ID : SA11.3085025

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. EDWARD H. MEYER

Mailing Address 767 5TH AVE., FL-18

City	State	Zip Code
NEW YORK	NY	10153-0033

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

Name of Employer	Occupation
OCEAN ROAD ADVISORS, INC.	CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt

MM	DD	YYYY
09	29	2014

Transaction ID : SA11.3085025B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. EDWARD H. MEYER

Mailing Address 767 5TH AVE., FL-18

City	State	Zip Code
NEW YORK	NY	10153-0033

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

Name of Employer	Occupation
OCEAN ROAD ADVISORS, INC.	CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt

MM	DD	YYYY
09	29	2014

Transaction ID : SA11.3085034

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

5200.00

14020841676

**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 111

<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) A. MRS. CHERYL MINIKES			Date of Receipt MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 960 PARK AVE., APT. 9W			Transaction ID : SA11.3084596		
City NEW YORK	State NY	Zip Code 10028-0325	Amount of Each Receipt this Period 2600.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C					
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 2600.00			

Full Name (Last, First, Middle Initial) B. MR. JOHN W. MITCHELL			Date of Receipt MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 250 E. 54TH ST., #38D APT. 38D			Transaction ID : SA11.3084883		
City NEW YORK	State NY	Zip Code 10022-4819	Amount of Each Receipt this Period 500.00 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 500.00			

Full Name (Last, First, Middle Initial) C. MR. ROBERT MORROW			Date of Receipt MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 300 MITCHELL LN			Transaction ID : SA11.3083893		
City BRIDGEHAMPTON	State NY	Zip Code 11932-	Amount of Each Receipt this Period 2600.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C					
Name of Employer KENILWORTH EQUITIES		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 2600.00			

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

14020841677

**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 38 OF 111

<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) MRS. ANGEL NADEAU Mailing Address 307 AVONDALE AVE.			Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11.3085029		
City LOS ANGELES	State CA	Zip Code 90049-3603	Amount of Each Receipt this Period CONTRIBUTION 5200.00		
FEC ID number of contributing federal political committee. C		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 5200.00		[MEMO ITEM] REDESIGNATION TO GENERAL			
B. Full Name (Last, First, Middle Initial) MRS. ANGEL NADEAU Mailing Address 307 AVONDALE AVE.			Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11.3085029B		
City LOS ANGELES	State CA	Zip Code 90049-3603	Amount of Each Receipt this Period CONTRIBUTION -2600.00		
FEC ID number of contributing federal political committee. C		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 5200.00		[MEMO ITEM] REDESIGNATION FROM PRIMARY			
C. Full Name (Last, First, Middle Initial) MRS. ANGEL NADEAU Mailing Address 307 AVONDALE AVE.			Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11.3085036		
City LOS ANGELES	State CA	Zip Code 90049-3603	Amount of Each Receipt this Period CONTRIBUTION 2600.00		
FEC ID number of contributing federal political committee. C		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 5200.00		[MEMO ITEM] REDESIGNATION FROM PRIMARY			
SUBTOTAL of Receipts This Page (optional).....			5200.00		
TOTAL This Period (last page this line number only).....			5200.00		

14020841678

**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 111

<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. THOMAS NADEAU Mailing Address 307 AVONDALE AVE.			Date of Receipt MM / DD / YYYY 09 / 30 / 2014	
City	State	Zip Code	Transaction ID : SA11.3085032	
LOS ANGELES	CA	90049-3603	Amount of Each Receipt this Period 5200.00 CONTRIBUTION	
FEC ID number of contributing federal political committee.		C		
Name of Employer NADEAU		Occupation C.E.O.		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00		
B. Full Name (Last, First, Middle Initial) MR. THOMAS NADEAU Mailing Address 307 AVONDALE AVE.			Date of Receipt MM / DD / YYYY 09 / 30 / 2014	
City	State	Zip Code	Transaction ID : SA11.3085032B	
LOS ANGELES	CA	90049-3603	Amount of Each Receipt this Period -2600.00 CONTRIBUTION	
FEC ID number of contributing federal political committee.		C		
Name of Employer NADEAU		Occupation C.E.O.		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	[MEMO ITEM] REDESIGNATION TO GENERAL	
C. Full Name (Last, First, Middle Initial) MR. THOMAS NADEAU Mailing Address 307 AVONDALE AVE.			Date of Receipt MM / DD / YYYY 09 / 30 / 2014	
City	State	Zip Code	Transaction ID : SA11.3085038	
LOS ANGELES	CA	90049-3603	Amount of Each Receipt this Period 2600.00 CONTRIBUTION	
FEC ID number of contributing federal political committee.		C		
Name of Employer NADEAU		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 5200.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY	
SUBTOTAL of Receipts This Page (optional).....			5200.00	
TOTAL This Period (last page this line number only).....				

14020841679

**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 111
(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. ALEXANDER NAVAB

Mailing Address 435 E. 52ND ST., APT. 2C

City: NEW YORK State: NY Zip Code: 10022-6445

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

Name of Employer: KOHLBERG, KRAVIS, ROBERTS & CO. Occupation: PRIVATE EQUITY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 09 / 15 / 2014
Transaction ID : SA11.3084954

Amount of Each Receipt this Period: 5200.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ALEXANDER NAVAB

Mailing Address 435 E. 52ND ST., APT. 2C

City: NEW YORK State: NY Zip Code: 10022-6445

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

Name of Employer: KOHLBERG, KRAVIS, ROBERTS & CO. Occupation: PRIVATE EQUITY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 09 / 15 / 2014
Transaction ID : SA11.3084954B

Amount of Each Receipt this Period: -2600.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. ALEXANDER NAVAB

Mailing Address 435 E. 52ND ST., APT. 2C

City: NEW YORK State: NY Zip Code: 10022-6445

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

Name of Employer: KOHLBERG, KRAVIS, ROBERTS & CO. Occupation: PRIVATE EQUITY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 09 / 15 / 2014
Transaction ID : SA11.3084966

Amount of Each Receipt this Period: 2600.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional)..... 5200.00

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

14020841680

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

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

FOR LINE NUMBER: PAGE 41 OF 111
(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. ROBERT E. NEDERLANDER

Mailing Address 1450 BROADWAY

City NEW YORK State NY Zip Code 10018-2201

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

Name of Employer THE NEDERLANDER COMPANY Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2014

Transaction ID : SA11.3084595

Amount of Each Receipt this Period
CONTRIBUTION 1000.00

B. Full Name (Last, First, Middle Initial)
MR. EDWARD L. NEMER

Mailing Address 605 COTTON CREEK LOOP

City GULF SHORES State AL Zip Code 36542-9092

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

Name of Employer SELF-EMPLOYED Occupation CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 300.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2014

Transaction ID : SA11.3084257

Amount of Each Receipt this Period
CONTRIBUTION 300.00

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

Mailing Address 62 E. 91ST ST.

City NEW YORK State NY Zip Code 10128-1350

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

Name of Employer KOHLBERG, KRAVIS, ROBERTS & CO. Occupation PRIVATE EQUITY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SA11.3084957

Amount of Each Receipt this Period
CONTRIBUTION 5200.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

6500.00

14020841681

**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 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. SCOTT C. NUTTALL

Mailing Address 62 E. 91ST ST.

City NEW YORK	State NY	Zip Code 10128-1350
------------------	-------------	------------------------

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

Name of Employer KOHLEBERG, KRAVIS, ROBERTS & CO.	Occupation PRIVATE EQUITY
--	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SA11.3084957B

Amount of Each Receipt this Period
-2600.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. SCOTT C. NUTTALL

Mailing Address 62 E. 91ST ST.

City NEW YORK	State NY	Zip Code 10128-1350
------------------	-------------	------------------------

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

Name of Employer KOHLEBERG, KRAVIS, ROBERTS & CO.	Occupation PRIVATE EQUITY
--	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SA11.3084964

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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 CAPITOL COUNSEL	Occupation ATTORNEY
-------------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SA11.3085031

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

14020841682

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 43 OF 111

<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. HAROLD OELBAUM		Date of Receipt MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 528 N. LAKE WAY		Transaction ID : SA11.3084594	
City PALM BEACH	State FL	Zip Code 33480-3522	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period CONTRIBUTION 1300.00	
Name of Employer KANE-MILLER CORPORATION	Occupation EXECUTIVE/DIRECTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00		

Full Name (Last, First, Middle Initial) MRS. NANCY LOU OELBAUM		Date of Receipt MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 528 N. LAKE WAY		Transaction ID : SA11.3084593	
City PALM BEACH	State FL	Zip Code 33480-3522	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period CONTRIBUTION 1300.00	
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 1300.00		

Full Name (Last, First, Middle Initial) MR. BERNARD BOB OKUN		Date of Receipt MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 6612 MAUGH ROAD		Transaction ID : SA11.3084994	
City MCLEAN	State VA	Zip Code 22101-4021	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period CONTRIBUTION 1000.00	
Name of Employer THE O GROUP	Occupation PRESIDENT		
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).....	3600.00
TOTAL This Period (last page this line number only).....	3600.00

14020841683

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

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

FOR LINE NUMBER: PAGE 44 OF 111
(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 PAPELYEA

Mailing Address **V9315 CROSBY ROAD**

City **SILVER SPRING** State **MD** Zip Code **20910-**

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

Name of Employer **VIASAT, INC.** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **09 / 25 / 2014**

Transaction ID : **SA11.3084997**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEVE PHILLIPS

Mailing Address **6205 PARKHILL DR.**

City **ALEXANDRIA** State **VA** Zip Code **22312-1161**

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

Name of Employer **D.L.A. PIPER** Occupation **CO-CHAIR, FEDERAL LAW & POLICY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **09 / 25 / 2014**

Transaction ID : **SA11.3084995**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JEAN G. PLATT

Mailing Address **3334 E. COAST HIGHWAY**

City **CORONA DEL MAR** State **CA** Zip Code **92625-2328**

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 **1000.00**

Date of Receipt **08 / 25 / 2014**

Transaction ID : **SA11.3084458**

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

14020841684

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

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

FOR LINE NUMBER: PAGE 45 OF 111
(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. RON L. PROFILI

A. Mailing Address 33 OLD COACH RD

City State Zip Code
NAPA CA 94558-3858

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

Name of Employer Occupation
SELF EMPLOYED COMMERCIAL REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date 350.00

Date of Receipt
09 / 03 / 2014
Transaction ID : SA11.3084831

Amount of Each Receipt this Period
100.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
MR. EVERETT PYATT

B. Mailing Address 4560 25TH ROAD N.

City State Zip Code
ARLINGTON VA 22207-4147

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

Name of Employer Occupation
SELF-EMPLOYED: MCCAIN INSTITUTE MANAGEMENT CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date 2725.00

Date of Receipt
09 / 03 / 2014
Transaction ID : SA11.3084832

Amount of Each Receipt this Period
25.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
MR. EVERETT PYATT

C. Mailing Address 4560 25TH ROAD N.

City State Zip Code
ARLINGTON VA 22207-4147

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

Name of Employer Occupation
SELF-EMPLOYED: MCCAIN INSTITUTE MANAGEMENT CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date 2725.00

Date of Receipt
09 / 23 / 2014
Transaction ID : SA11.3084978

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

2725.00

14020841685

**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 111
(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. EVERETT PYATT

Mailing Address 4560 25TH ROAD N.

City ARLINGTON State VA Zip Code 22207-4147

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED: MCCAIN INSTITUTE Occupation MANAGEMENT CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2725.00

Date of Receipt
09 / 23 / 2014

Transaction ID : SA11.3084978B

Amount of Each Receipt this Period
-125.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. EVERETT PYATT

Mailing Address 4560 25TH ROAD N.

City ARLINGTON State VA Zip Code 22207-4147

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED: MCCAIN INSTITUTE Occupation MANAGEMENT CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2725.00

Date of Receipt
09 / 23 / 2014

Transaction ID : SA11.3085146

Amount of Each Receipt this Period
125.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. DON W. RAKESTRAW

Mailing Address 219 APPLE BLOSSOM CT

City VIENNA State VA Zip Code 22181-5404

FEC ID number of contributing federal political committee. C

Name of Employer T&N ENTERPRISES Occupation BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
09 / 03 / 2014

Transaction ID : SA11.3084833

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 500.00

TOTAL This Period (last page this line number only)..... 500.00

14020841686

**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)
 11a 11b 11c 11d
 12 13a 13b 14 15
 PAGE 47 OF 111

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

A. Full Name (Last, First, Middle Initial)
MR. LEWIS RAPAPORT

Mailing Address **620 5TH AVE.**

City **PELHAM** State **NY** Zip Code **10803-1208**

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

Name of Employer **COMPONENT ASSEMBLY SYSTEMS, INC.** Occupation **BUILDING CONTRACTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **09 / 03 / 2014**

Transaction ID : **SA11.3084836**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FRANK C. RIVERA

Mailing Address **147 E. MARYLAND AVENUE**

City **PHOENIX** State **AZ** Zip Code **85012-1125**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt **09 / 02 / 2014**

Transaction ID : **SA11.3084568**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID ROGOL

Mailing Address **14 HAMPTON CT**

City **GREAT NECK** State **NY** Zip Code **11020-1264**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **08 / 13 / 2014**

Transaction ID : **SA11.3084048**

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2100.00

14020841687

**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 48 OF 111	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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. NATHAN ROSENBLATT

Mailing Address 121 ARRANDALE AVENUE

City GREAT NECK	State NY	Zip Code 11024-1701
--------------------	-------------	------------------------

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

Name of Employer ASHLAND MAINTENANCE	Occupation OWNER
---	---------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2014

Transaction ID : SA11.3084281

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 130 SUNRISE AVE.

City PALM BEACH	State FL	Zip Code 33480-3961
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2014

Transaction ID : SA11.3084035

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

Mailing Address 130 SUNRISE AVE.

City PALM BEACH	State FL	Zip Code 33480-3961
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2014

Transaction ID : SA11.3085144A

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

CHARGED BACK \$2,600.00 ON 09/18/2014

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

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

5700.00

14020841688

**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 49 OF 111
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) BARBARA ROTHSCHILD			Date of Receipt MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 130 SUNRISE AVE.			Transaction ID : SA11.3085144B		
City PALM BEACH	State FL	Zip Code 33480-3961	Amount of Each Receipt this Period -2600.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED	CHARGED BACK		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00			

Full Name (Last, First, Middle Initial) MR. JOSEPH D. ROXE			Date of Receipt MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 30 OLD KINGS HIGHWAY S.			Transaction ID : SA11.3085048		
City DARIEN	State CT	Zip Code 06820-4551	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer BAY HOLDINGS		Occupation CHAIRMAN			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00			

Full Name (Last, First, Middle Initial) MR. DAVID RUDNICK			Date of Receipt MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 1 N. BREAKERS ROW			Transaction ID : SA11.3083895		
City PALM BEACH	State FL	Zip Code 33480-4004	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer RUDCO PROPERTIES, INC.		Occupation EXECUTIVE			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00			

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

14020841689

**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 111	
	(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) MR. GEORGE R. SALEM			Date of Receipt MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 879 CENTRILLION DRIVE			Transaction ID : SA11.3084992	
City MCLEAN	State VA	Zip Code 22102-1450	Amount of Each Receipt this Period CONTRIBUTION 2500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SELF-EMPLOYED		Occupation ATTORNEY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) MR. DAVID SCHIAPPA			Date of Receipt MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 2704 HOWARD GROVE ROAD			Transaction ID : SA11.3084996	
City DAVIDSVILLE	State MD	Zip Code 21036-	Amount of Each Receipt this Period CONTRIBUTION 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer THE DUBERSTEIN GROUP		Occupation VICE PRESIDENT		
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. MORTON J. SCHRADER			Date of Receipt MM / DD / YYYY 08 / 25 / 2014	
Mailing Address 733 PARK AVENUE			Transaction ID : SA11.3084514	
City NEW YORK	State NY	Zip Code 10021-5046	Amount of Each Receipt this Period CONTRIBUTION 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer P.B.S. REAL ESTATE		Occupation REAL ESTATE BROKER		
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).....	4000.00
TOTAL This Period (last page this line number only).....	

14020841690

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 111
(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 D. SILLIMAN

Mailing Address 18209 VINTAGE ST.

City NORTHRIDGE State CA Zip Code 91325-1041

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt 09 / 03 / 2014

Transaction ID : SA11.3084940

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM S. SIMON

Mailing Address 24 W. PINNACLE DR.

City ROGERS State AR Zip Code 72758-8831

FEC ID number of contributing federal political committee.

Name of Employer W.S.S. CONSULTING Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt 09 / 17 / 2014

Transaction ID : SA11.3085056

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PAUL E. SINGER

Mailing Address 1 W. 81ST ST., APT. 9D

City NEW YORK State NY Zip Code 10024-6048

FEC ID number of contributing federal political committee.

Name of Employer ELLIOTT ASSOCIATES, L.P. Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt 09 / 15 / 2014

Transaction ID : SA11.3084953

Amount of Each Receipt this Period

CONTRIBUTION

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

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

14020841691

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 52 OF 111
	<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)
MR. PAUL E. SINGER

Mailing Address 1 W. 81ST ST., APT. 9D

City NEW YORK State NY Zip Code 10024-6048

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

Name of Employer ELLIOTT ASSOCIATES, L.P. Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt 09 / 15 / 2014

Transaction ID : SA11.3084953B

Amount of Each Receipt this Period -2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address 1 W. 81ST ST., APT. 9D

City NEW YORK State NY Zip Code 10024-6048

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

Name of Employer ELLIOTT ASSOCIATES, L.P. Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt 09 / 15 / 2014

Transaction ID : SA11.3085011

Amount of Each Receipt this Period 2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
ADAM SPIES

Mailing Address 40 WEST 57TH STREET

City NEW YORK State NY Zip Code 10019-4001

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

Name of Employer EASTDIL SECURED Occupation REAL ESTATE BROKERAGE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt 07 / 24 / 2014

Transaction ID : SA11.3083896

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

14020841692

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 111
(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. STUART SYKES

Mailing Address 1005 COLUMBIA RD

City MADISON State WI Zip Code 53705-2105

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
 08 / 15 / 2014

Transaction ID : SA11.3084259

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH C. THOMPSON

Mailing Address 17003 SE 14TH LN

City BELLEVUE State WA Zip Code 98008-3300

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

Name of Employer J.C. THOMPSON CORP. Occupation CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 MM / DD / YYYY
 09 / 18 / 2014

Transaction ID : SA11.3085063

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SCOTT J. ULM

Mailing Address 131 E. 66TH STREET

City NEW YORK State NY Zip Code 10065-6129

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

Name of Employer A.R.R.M. Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt
 MM / DD / YYYY
 09 / 30 / 2014

Transaction ID : SA11.3085049

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

3100.00

14020841693

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 111
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
MR. WAYNE H. VALIS

A. 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 PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 09 / 25 / 2014

Transaction ID : SA11.3084993

Amount of Each Receipt this Period 1000.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
MS. WINIFRED M. VEDDER

B. Mailing Address 300 HOT SPRING ROAD
APARTMENT D87

City Santa Barbara State CA Zip Code 93108-

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt 08 / 25 / 2014

Transaction ID : SA11.3084460

Amount of Each Receipt this Period 250.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
MR. RUDIGER H. VON KRAUS

C. Mailing Address 1 PARKLAWN RD

City Boston State MA Zip Code 02132-1011

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

Name of Employer ADDEX, INC. Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt 08 / 18 / 2014

Transaction ID : SA11.3084293

Amount of Each Receipt this Period 500.00
CONTRIBUTION

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

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

1750.00

14020841694

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 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
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 UNIVERSITY OF ARIZONA	Occupation RETIRED CHEMISTRY PROFESSOR
---	---

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2014

Transaction ID : SA11.3084696

Amount of Each Receipt this Period
50.00
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 UNIVERSITY OF ARIZONA	Occupation RETIRED CHEMISTRY PROFESSOR
---	---

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2014

Transaction ID : SA11.3084697

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 UNIVERSITY OF ARIZONA	Occupation RETIRED CHEMISTRY PROFESSOR
---	---

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2014

Transaction ID : SA11.3085064

Amount of Each Receipt this Period
50.00
CONTRIBUTION

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

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

150.00

14020841695

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 111
(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 S. WALLERSTEIN

Mailing Address **857 5TH AVENUE**

City **NEW YORK** State **NY** Zip Code **10065-5857**

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

Name of Employer **PAR GROUP, L.L.C.** Occupation **SALES & MARKETING DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
08 / 25 / 2014

Transaction ID : **SA11.3084512**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EVA YOMTOBIAN

Mailing Address **8033 SUNSET BLVD, STE. 374**

City **LOS ANGELES** State **CA** Zip Code **90046-2401**

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

Name of Employer **ADVERTISE.COM** Occupation **TREASURER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
09 / 30 / 2014

Transaction ID : **SA11.3085030**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROY J. ZUCKERBERG

Mailing Address **717 5TH AVENUE, FL-19**

City **NEW YORK** State **NY** Zip Code **10022-8110**

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

Name of Employer **GOLDMAN, SACHS, & COMPANY** Occupation **INVESTMENT BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
08 / 25 / 2014

Transaction ID : **SA11.3084509**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

6200.00

14020841696

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 111

<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) THE COHEN GROUP, L.L.C.			Date of Receipt MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 500 8TH ST. NW, STE. 200			Transaction ID : SA11.3084988		
City	State	Zip Code	Amount of Each Receipt this Period 1000.00 CONTRIBUTION		
WASHINGTON	DC	20004-2131	SEE ATTRIBUTION		
FEC ID number of contributing federal political committee.		C	Election Cycle-to-Date 1000.00		
Name of Employer Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) MR. JAMES BODNER			Date of Receipt MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 500 8TH ST. NW, STE. 200			Transaction ID : SA11.3085018		
City	State	Zip Code	Amount of Each Receipt this Period 200.00 CONTRIBUTION		
WASHINGTON	DC	20004-2131	[MEMO ITEM]		
FEC ID number of contributing federal political committee.		C	Election Cycle-to-Date 200.00		
Name of Employer Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation	[MEMO ITEM]		
THE COHEN GROUP, L.L.C.		CO-PRESIDENT	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) MR. WILLIAM S. COHEN			Date of Receipt MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 500 8TH ST. NW, STE. 200			Transaction ID : SA11.3085016		
City	State	Zip Code	Amount of Each Receipt this Period 600.00 CONTRIBUTION		
WASHINGTON	DC	20004-2131	[MEMO ITEM]		
FEC ID number of contributing federal political committee.		C	Election Cycle-to-Date 600.00		
Name of Employer Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation	[MEMO ITEM]		
THE COHEN GROUP, L.L.C.		CHAIRMAN & C.E.O.	[MEMO ITEM]		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	1000.00

14020841697

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 111

(check only one)

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

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

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

Mailing Address 500 8TH ST. NW, STE. 200

City WASHINGTON State DC Zip Code 20004-2131

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

Name of Employer THE COHEN GROUP, L.L.C. Occupation C.O.O. & CO-PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 200.00

Date of Receipt
 MM / DD / YYYY
 09 / 25 / 2014

Transaction ID : SA11.3085017

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

[MEMO ITEM]

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
 MM / DD / YYYY

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
 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

205153.00

14020841698

**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 111	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)
AMERICAN COMPOSITES MANUFACTURERS ASSOC. PAC

Mailing Address 3033 WILSON BLVD, STE. 420

City	State	Zip Code
ARLINGTON	VA	22201-3843

FEC ID number of contributing federal political committee. **C** C00388157

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 MM / DD / YYYY
 09 / 25 / 2014

Transaction ID : SA11.3085003

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN COATINGS ASSOCIATION, INC. PAC

Mailing Address 1500 RHODE ISLAND AVE. NW

City	State	Zip Code
WASHINGTON	DC	20005-5503

FEC ID number of contributing federal political committee. **C** C00380949

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 MM / DD / YYYY
 09 / 25 / 2014

Transaction ID : SA11.3085006

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN HOTEL & LODGING PAC

Mailing Address 1201 NEW YORK AVENUE, NW, 6TH FL

City	State	Zip Code
WASHINGTON	DC	20005-3917

FEC ID number of contributing federal political committee. **C** C00001198

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 MM / DD / YYYY
 08 / 11 / 2014

Transaction ID : SA11.3084046

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

4000.00

14020841699

**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 60 OF 111

<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	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial)
ASURION, L.L.C. PAC

Mailing Address **648 GRASSMERE PARK, STE. 300**

City State Zip Code
NASHVILLE TN 37211-3667

FEC ID number of contributing federal political committee. **C C00450916**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt

09 / 09 / 2014

Transaction ID : **SA11.3084591**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
ATLANTIC TELE-NETWORK PAC

Mailing Address **600 CUMMINGS CTRCLE**

City State Zip Code
BEVERLY MA 01915-

FEC ID number of contributing federal political committee. **C C00494526**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

09 / 25 / 2014

Transaction ID : **SA11.3084999**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
CUMMINS, INC. PAC

Mailing Address **601 PENNSYLVANIA AVE. NW, STE. 110**

City State Zip Code
WASHINGTON DC 20004-3604

FEC ID number of contributing federal political committee. **C C00377952**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

07 / 17 / 2014

Transaction ID : **SA11.3083892**

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

1420841700

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 61 OF 111
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
D.L.A. PIPER, L.L.P. PAC

Mailing Address 500 8TH STREET NW, STE. 700

City WASHINGTON	State DC	Zip Code 20004-2131
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt
 MM / DD / YYYY
 09 / 25 / 2014

Transaction ID : SA11.3085004

Amount of Each Receipt this Period
 3500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ELBIT SYSTEMS OF AMERICA LLC PAC

Mailing Address 4700 MARINE CREEK PKWY.

City FT. WORTH	State TX	Zip Code 76179-3505
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00437566

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 MM / DD / YYYY
 07 / 29 / 2014

Transaction ID : SA11.3083902

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FEDERATION OF AMERICAN HOSPITALS PAC

Mailing Address 801 PENNSYLVANIA AVE. NW, STE. 245

City WASHINGTON	State DC	Zip Code 20004-2615
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00002261

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 MM / DD / YYYY
 09 / 25 / 2014

Transaction ID : SA11.3085001

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

5500.00

14020841701

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 OF 111
(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)
NATIONAL CONFECTIONERS ASSOC. OF THE U.S., INC. PAC

Mailing Address 1101 30TH STREET NW, STE. 200

City State Zip Code
WASHINGTON DC 20007-3769

FEC ID number of contributing federal political committee. **C** C00003855

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2014

Transaction ID : SA11.3084998

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ORACLE CORPORATION PAC

Mailing Address 1015 15TH STREET NW STE. 200

City State Zip Code
WASHINGTON DC 20005-2635

FEC ID number of contributing federal political committee. **C** C00323048

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2090.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SA11.3084413

Amount of Each Receipt this Period
90.00
CONTRIBUTION

IN-KIND: FACILITY RENTAL

C. Full Name (Last, First, Middle Initial)
ORACLE CORPORATION PAC

Mailing Address 1015 15TH STREET NW STE. 200

City State Zip Code
WASHINGTON DC 20005-2635

FEC ID number of contributing federal political committee. **C** C00323048

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2090.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SA11.3085052

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

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

3090.00

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

14020841702

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 111

(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.

Full Name (Last, First, Middle Initial)

SAIC VOLUNTARY PAC

A.

Mailing Address 1710 SAIC DRIVE

City State Zip Code
MCLEAN VA 22102-3702

FEC ID number of contributing federal political committee. **C** C00300418

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2014

Transaction ID : SA11.3085000

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SIERRA NEVADA PAC

B.

Mailing Address P.O. BOX 50193

City State Zip Code
SPARKS NV 89435-0193

FEC ID number of contributing federal political committee. **C** C00367995

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt

MM / DD / YYYY
08 / 11 / 2014

Transaction ID : SA11.3084047

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

THE GOLDMAN SACHS GROUP INC. PAC

C.

Mailing Address 101 CONSTITUTION AVE. NW, STE. 100

City State Zip Code
WASHINGTON DC 20001-2171

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

MM / DD / YYYY
07 / 29 / 2014

Transaction ID : SA11.3083901

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

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

4500.00

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

21590.00

14020841703

**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 64 OF 111
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK		Date of Receipt 08 / 05 / 2014
Mailing Address 1445 A LAUGHLIN AVE		Transaction ID : SA14.1
City MCLEAN	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00 REFUND-BANK FEE	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15.00	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	15.00

14020841704

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 OF 111
(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 State Zip Code
SUN CITY AZ 85351

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1510.50

Date of Receipt
MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SA15.1

Amount of Each Receipt this Period
96.30
INTEREST EARNINGS

B. Full Name (Last, First, Middle Initial)
JP MORGAN CHASE BANK

Mailing Address 10300 W THUNDERBIRD BLVD

City State Zip Code
SUN CITY AZ 85351

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1510.50

Date of Receipt
MM / DD / YYYY
08 / 31 / 2014

Transaction ID : SA15.2

Amount of Each Receipt this Period
32.10
INTEREST EARNINGS

C. Full Name (Last, First, Middle Initial)
JP MORGAN CHASE BANK

Mailing Address 10300 W THUNDERBIRD BLVD

City State Zip Code
SUN CITY AZ 85351

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1510.50

Date of Receipt
MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SA15.3

Amount of Each Receipt this Period
32.10
INTEREST EARNINGS

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

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

160.50

160.50

14020841705

**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. ELIZABETH CONATSER

Mailing Address PO BOX 29576

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.35

Category/
Type

Full Name (Last, First, Middle Initial)

B. ELIZABETH CONATSER

Mailing Address PO BOX 29576

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.64

Category/
Type

Full Name (Last, First, Middle Initial)

C. ELIZABETH CONATSER

Mailing Address PO BOX 29576

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.9

Category/
Type

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

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

6000.00

14020841706

**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.

Full Name (Last, First, Middle Initial) A. AMBER JOHNSON		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 3129.34	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.17
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 07 / 31 / 2014	
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 3129.34	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.28
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 08 / 15 / 2014	
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 3129.34	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.44
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).....

9388.02

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

14020841707

**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. AMBER JOHNSON

Full Name (Last, First, Middle Initial)
Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 29 / 2014

Amount of Each Disbursement this Period: 3129.34

Transaction ID : SB17.58

Category/Type

B. AMBER JOHNSON

Full Name (Last, First, Middle Initial)
Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2014

Amount of Each Disbursement this Period: 3129.34

Transaction ID : SB17.74

Category/Type

C. AMBER JOHNSON

Full Name (Last, First, Middle Initial)
Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 30 / 2014

Amount of Each Disbursement this Period: 3129.34

Transaction ID : SB17.83

Category/Type

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

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

9388.02

14020841708

**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. SALVATORE PURPURA

Full Name (Last, First, Middle Initial)

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 15 / 2014

Amount of Each Disbursement this Period: 564.59

Transaction ID : SB17.18

Category/Type

B. SALVATORE PURPURA

Full Name (Last, First, Middle Initial)

Mailing Address 1070 SW 46TH AVE

City POMPANO BEACH State FL Zip Code 33069

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2014

Amount of Each Disbursement this Period: 1700.00

Transaction ID : SB17.2

Category/Type

C. SALVATORE PURPURA

Full Name (Last, First, Middle Initial)

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 31 / 2014

Amount of Each Disbursement this Period: 564.59

Transaction ID : SB17.29

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 2829.18

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

14020841709

**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 70 OF 111

<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

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 08	DD 15	YYYY 2014
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Amount of Each Disbursement this Period

564.59

Transaction ID : SB17.45

Category/
Type

Full Name (Last, First, Middle Initial)

B. SALVATORE PURPURA

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 08	DD 29	YYYY 2014
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Amount of Each Disbursement this Period

564.59

Transaction ID : SB17.59

Category/
Type

Full Name (Last, First, Middle Initial)

C. SALVATORE PURPURA

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 09	DD 15	YYYY 2014
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Amount of Each Disbursement this Period

564.59

Transaction ID : SB17.75

Category/
Type

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

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

1693.77

1420841710

**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 71 OF 111

<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. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 564.59	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.84
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. MARSHALL SALTER		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 308 W MYRTLE ST		Amount of Each Disbursement this Period 6000.00	
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : SB17.1
Purpose of Disbursement COMMUNICATIONS 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. MARSHALL SALTER		Date of Disbursement MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 308 W MYRTLE ST		Amount of Each Disbursement this Period 6000.00	
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : SB17.25
Purpose of Disbursement COMMUNICATIONS 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).....	12564.59
TOTAL This Period (last page this line number only).....	

14020841711

**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 72 OF 111

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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

Full Name (Last, First, Middle Initial) A. MARSHALL SALTER		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014	
Mailing Address 308 W MYRTLE ST		Amount of Each Disbursement this Period 12000.00	
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : SB17.52
Purpose of Disbursement COMMUNICATIONS 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. MICHELLE SHIPLEY		Date of Disbursement MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 2114 E MONTEBELLO AVE		Amount of Each Disbursement this Period 135.11	
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SB17.81
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. DERBY H WATKINS		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014	
Mailing Address 16301 KELLY WOODS DR #206		Amount of Each Disbursement this Period 3000.00	
City FT MYERS	State FL	Zip Code 33908	Transaction ID : SB17.54
Purpose of Disbursement FINANCE 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).....	15135.11
TOTAL This Period (last page this line number only).....	

14020841712

**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 73 OF 111

<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. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM 08	DD 05	YYYY 2014
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Amount of Each Disbursement this Period

165.39

Transaction ID : SB17.41

Category/
Type

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM 09	DD 04	YYYY 2014
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Amount of Each Disbursement this Period

325.49

Transaction ID : SB17.69

Category/
Type

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM 07	DD 07	YYYY 2014
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Amount of Each Disbursement this Period

58.10

Transaction ID : SB17.7

Category/
Type

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

548.98

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

14020841713

**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 74 OF 111

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	10	2014

Amount of Each Disbursement this Period

2348.99

Transaction ID : SB17.15

Category/
Type

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
08	06	2014

Amount of Each Disbursement this Period

2150.46

Transaction ID : SB17.42

Category/
Type

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	08	2014

Amount of Each Disbursement this Period

6455.70

Transaction ID : SB17.72

Category/
Type

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

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

10955.15

14020841714

**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 75 OF 111

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)

A. CAPLIN & DRYSDALE

Mailing Address ONE THOMAS CIR NW STE 1100

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
07	10	2014

Amount of Each Disbursement this Period

4188.00

Transaction ID : SB17.11

Full Name (Last, First, Middle Initial)

B. CAPLIN & DRYSDALE

Mailing Address ONE THOMAS CIR NW STE 1100

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
08	01	2014

Amount of Each Disbursement this Period

570.00

Transaction ID : SB17.36

Full Name (Last, First, Middle Initial)

C. CAPLIN & DRYSDALE

Mailing Address ONE THOMAS CIR NW STE 1100

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
08	25	2014

Amount of Each Disbursement this Period

2265.00

Transaction ID : SB17.55

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

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

7023.00

14020841715

**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 76 OF 111

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 07 / 31 / 2014
Mailing Address 1445 A LAUGHLIN AVE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.24
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK 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) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 09 / 17 / 2014
Mailing Address 1445 A LAUGHLIN AVE		Amount of Each Disbursement this Period 60.86 Transaction ID : SB17.79
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK 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 07 / 29 / 2014
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 142.55 Transaction ID : SB17.23
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).....	218.41
TOTAL This Period (last page this line number only).....	

14020841716

**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.

Full Name (Last, First, Middle Initial) A. CMDI INC		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014	
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 3334.77	
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SB17.34
Purpose of Disbursement DATABASE 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. CMDI INC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014	
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 88.25	
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SB17.43
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 07 / 03 / 2014	
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 766.20	
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SB17.5
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).....	4189.22
TOTAL This Period (last page this line number only).....	

14020841717

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)
A. CMDI INC

Mailing Address 1593 SPRING HILL RD

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 25 / 2014

Amount of Each Disbursement this Period: 295.00

Transaction ID : SB17.53

Category/Type

Full Name (Last, First, Middle Initial)
B. CMDI INC

Mailing Address 1593 SPRING HILL RD

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 02 / 2014

Amount of Each Disbursement this Period: 2320.17

Transaction ID : SB17.63

Category/Type

Full Name (Last, First, Middle Initial)
C. CMDI INC

Mailing Address 1593 SPRING HILL RD

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 04 / 2014

Amount of Each Disbursement this Period: 215.15

Transaction ID : SB17.68

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 2830.32

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

14020841718

**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.

Full Name (Last, First, Middle Initial) A. CMDI INC		Date of Disbursement MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 50.00	
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SB17.73
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) B. CMDI INC		Date of Disbursement MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 2010.78	
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SB17.8
Purpose of Disbursement DATABASE MANAGEMENT		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 09 / 22 / 2014	
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 208.25	
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SB17.80
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).....

2269.03

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

14020841719

**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. DISTINCTIVE STATIONERY

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

MM	DD	YYYY
07	10	2014

Amount of Each Disbursement this Period

459.00

Transaction ID : SB17.12

Category/
Type

B. EDONATION

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
08	04	2014

Amount of Each Disbursement this Period

36.22

Transaction ID : SB17.37

Category/
Type

C. EDONATION

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
08	04	2014

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.38

Category/
Type

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

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

520.22

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14020841720

**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.

Full Name (Last, First, Middle Initial)

A. EDONATION

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 03 / 2014

Amount of Each Disbursement this Period

168.95

Transaction ID : SB17.6

Category/
Type

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE/LIST RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 03 / 2014

Amount of Each Disbursement this Period

2219.22

Transaction ID : SB17.66

Category/
Type

Full Name (Last, First, Middle Initial)

C. EDONATION

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2014

Amount of Each Disbursement this Period

349.31

Transaction ID : SB17.82

Category/
Type

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

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

2737.48

14020841721

**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 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

Mailing Address 4200 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
FINANCE CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2014

Amount of Each Disbursement this Period

5405.19

Transaction ID : SB17.10

Category/
Type

B. EUDY COMPANY

Mailing Address 4200 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.135

[MEMO ITEM]

Category/
Type

C. FEDEX.COM

Mailing Address 100 FED EX DR

City CORAOPOLIS State PA Zip Code 15108

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2014

Amount of Each Disbursement this Period

16.97

Transaction ID : SB17.138

[MEMO ITEM]

Category/
Type

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

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

5405.19

5405.19

14020841722

**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 83 OF 111

<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. HYATT SAN DIEGO

Mailing Address 1441 QUIVERA RD

City SAN DIEGO State CA Zip Code 92109

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y
07	10	2014

Amount of Each Disbursement this Period

14.45

Transaction ID : SB17.136

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HYATT SAN FRANCISCO

Mailing Address 5 EMBARCADERO CENTER

City SAN FRANCISCO State CA Zip Code 94111

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y
07	10	2014

Amount of Each Disbursement this Period

236.83

Transaction ID : SB17.137

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 1200 E ALGONQUIN RD ELK GROVE

City VILLAGE State IL Zip Code 60007

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y
07	10	2014

Amount of Each Disbursement this Period

14.99

Transaction ID : SB17.139

[MEMO ITEM]

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

0.00

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

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14020841723

**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 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. WASHINGTON AIRPORT AUTHORITY

Mailing Address 1 AVIATION CIR

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 10 / 2014

Amount of Each Disbursement this Period

112.00

Transaction ID : SB17.140

[MEMO ITEM]

B. WASHINGTON AIRPORT AUTHORITY

Mailing Address 1 AVIATION CIR

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 10 / 2014

Amount of Each Disbursement this Period

9.95

Transaction ID : SB17.141

[MEMO ITEM]

C. EUDY COMPANY

Mailing Address 4200 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 31 / 2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.27

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

5000.00

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

14020841724

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)

A. EUDY COMPANY

Mailing Address 4200 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
FINANCE CONSULTING/TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
08	26	2014

Amount of Each Disbursement this Period

5103.97

Transaction ID : SB17.57

Full Name (Last, First, Middle Initial)

B. EUDY COMPANY

Mailing Address 4200 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
08	26	2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.143

[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

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
08	26	2014

Amount of Each Disbursement this Period

16.97

Transaction ID : SB17.144

[MEMO ITEM]

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

5103.97

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

14020841725

**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.

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 706 MISSION ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 26 / 2014

Amount of Each Disbursement this Period

37.00

Transaction ID : SB17.146

[MEMO ITEM]

B. WASHINGTON AIRPORT AUTHORITY

Mailing Address 1 AVIATION CIR

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 26 / 2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.145

[MEMO ITEM]

C. FIRST BANKCARD

Mailing Address PO BOX 2340

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 27 / 2014

Amount of Each Disbursement this Period

2158.59

Transaction ID : SB17.22

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

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

2158.59

14020841726

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 111			
	<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. EFX PLUS SERVICE

Mailing Address 6922 HOLLYWOOD BLVD #800

City LOS ANGELES State CA Zip Code 90028

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 27 / 2014

Amount of Each Disbursement this Period: 10.00

Transaction ID : SB17.116

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. FEDEX.COM

Mailing Address 100 FED EX DR

City CORAOPOLIS State PA Zip Code 15108

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 27 / 2014

Amount of Each Disbursement this Period: 62.20

Transaction ID : SB17.115

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JOHNNY'S HALF SHELL

Mailing Address 400 N CAPITOL ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 27 / 2014

Amount of Each Disbursement this Period: 948.74

Transaction ID : SB17.112

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

14020841727

**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.

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. OMNI BERKSHIRE

Mailing Address 21 E 52ND ST

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2014

Amount of Each Disbursement this Period

180.00

Transaction ID : SB17.113

[MEMO ITEM]

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2014

Amount of Each Disbursement this Period

393.65

Transaction ID : SB17.117

[MEMO ITEM]

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2014

Amount of Each Disbursement this Period

564.00

Transaction ID : SB17.114

[MEMO ITEM]

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

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

0.00

14020841728

**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 89 OF 111

<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
07 / 01 / 2014

Amount of Each Disbursement this Period: 6054.63

Transaction ID : SB17.3

Category/Type

B. AMTRAK

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2464

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 01 / 2014

Amount of Each Disbursement this Period: 268.00

Transaction ID : SB17.102

[MEMO ITEM]

Category/Type

C. BISTRO BIS

Full Name (Last, First, Middle Initial)

Mailing Address 15 E ST, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 01 / 2014

Amount of Each Disbursement this Period: 1317.44

Transaction ID : SB17.103

[MEMO ITEM]

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 6054.63

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

14020841729

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 90 OF 111

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)
A. CAREY INTERNATIONAL INC

Mailing Address **4530 WISCONSIN AVE NW**

City **WASHINGTON** State **DC** Zip Code **20016**

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	01	2014

Amount of Each Disbursement this Period

2046.99

Transaction ID : **SB17.104**

[MEMO ITEM]

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

M M	D D	Y Y Y Y
07	01	2014

Amount of Each Disbursement this Period

491.00

Transaction ID : **SB17.105**

[MEMO ITEM]

C. EFAX PLUS SERVICE

Mailing Address **6922 HOLLYWOOD BLVD #800**

City **LOS ANGELES** State **CA** Zip Code **90028**

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	01	2014

Amount of Each Disbursement this Period

10.00

Transaction ID : **SB17.107**

[MEMO ITEM]

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

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

0.00

14020841730

**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 91 OF 111

<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. FEDEX.COM

Mailing Address 100 FED EX DR

City CORAOPOLIS State PA Zip Code 15108

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y Y Y
07	01	2014

Amount of Each Disbursement this Period

90.60

Transaction ID : SB17.106

[MEMO ITEM]

B. MACNAIR TRAVEL AGENCY

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y Y Y
07	01	2014

Amount of Each Disbursement this Period

155.00

Transaction ID : SB17.101

[MEMO ITEM]

C. TOWNSEND HOTEL

Mailing Address 100 TOWNSEND ST

City BIRMINGHAM State MI Zip Code 48009

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y Y Y
07	01	2014

Amount of Each Disbursement this Period

744.60

Transaction ID : SB17.108

[MEMO ITEM]

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

0.00

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

14020841731

**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 92 OF 111

<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. UNITED AIRLINES

Mailing Address 1200 E ALGONQUIN RD ELK GROVE

City VILLAGE State IL Zip Code 60007

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
07 / 01 / 2014

Amount of Each Disbursement this Period
550.00

Transaction ID : SB17.109

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 01 / 2014

Amount of Each Disbursement this Period
381.00

Transaction ID : SB17.110

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. FIRST BANKCARD

Mailing Address PO BOX 2340

City OMAHA State NE Zip Code 68103

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 16 / 2014

Amount of Each Disbursement this Period
1752.84

Transaction ID : SB17.49

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

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

1752.84

14020841732

**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 93 OF 111	
	<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 AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 16 / 2014
Mailing Address PO BOX 582820 MD 766		Amount of Each Disbursement this Period 263.10
City TULSA	State OK	
Zip Code 74158	Purpose of Disbursement TRAVEL	[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. EFAX PLUS SERVICE		Date of Disbursement MM / DD / YYYY 08 / 16 / 2014
Mailing Address 6922 HOLLYWOOD BLVD #800		Amount of Each Disbursement this Period 10.00
City LOS ANGELES	State CA	
Zip Code 90028	Purpose of Disbursement PHONE SVC	[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. MACNAIR TRAVEL AGENCY		Date of Disbursement MM / DD / YYYY 08 / 16 / 2014
Mailing Address 4100 FAIRFAX DR STE 600		Amount of Each Disbursement this Period 160.00
City ARLINGTON	State VA	
Zip Code 22203	Purpose of Disbursement TRAVEL	[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).....	0.00
TOTAL This Period (last page this line number only).....	

14020841733

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 111

<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. OMNI BERKSHIRE

Mailing Address 21 E 52ND ST

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 16 / 2014

Amount of Each Disbursement this Period

393.65

Transaction ID : SB17.124

[MEMO ITEM]

B. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 16 / 2014

Amount of Each Disbursement this Period

873.30

Transaction ID : SB17.120

[MEMO ITEM]

C. USPS

Mailing Address 1632 CRYSTAL SQ ARC

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 16 / 2014

Amount of Each Disbursement this Period

52.79

Transaction ID : SB17.123

[MEMO ITEM]

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

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

0.00

14020841734

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 95 OF 111

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)

A. FIRST BANKCARD

Mailing Address PO BOX 2340

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 09	DD 08	YYYY 2014
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Amount of Each Disbursement this Period

5173.49

Transaction ID : SB17.71

Category/
Type

B. AMERICAN AIRLINES

Mailing Address PO BOX 582820 MD 766

City TULSA State OK Zip Code 74158

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 09	DD 08	YYYY 2014
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Amount of Each Disbursement this Period

1809.51

Transaction ID : SB17.127

[MEMO ITEM]

Category/
Type

C. CAREY INTERNATIONAL INC

Mailing Address 4530 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 09	DD 08	YYYY 2014
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Amount of Each Disbursement this Period

1481.99

Transaction ID : SB17.128

[MEMO ITEM]

Category/
Type

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

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

5173.49

14020841735

**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 96 OF 111

<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. FEDEX.COM

Mailing Address 100 FED EX DR

City CORAOPOLIS State PA Zip Code 15108

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 08 / 2014

Amount of Each Disbursement this Period

34.44

Transaction ID : SB17.129

[MEMO ITEM]

B. JOHNNY'S HALF SHELL

Mailing Address 400 N CAPITOL ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 08 / 2014

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.130

[MEMO ITEM]

C. MACNAIR TRAVEL AGENCY

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 08 / 2014

Amount of Each Disbursement this Period

175.00

Transaction ID : SB17.126

[MEMO ITEM]

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

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

0.00

14020841736

**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. MENUS CATERING

Mailing Address 5458 3RD ST NE

City WASHINGTON State DC Zip Code 20011

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 09	DD 08	YYYY 2014
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Amount of Each Disbursement this Period

371.02

Transaction ID : SB17.131

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. OMNI BERKSHIRE

Mailing Address 21 E 52ND ST

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 09	DD 08	YYYY 2014
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Amount of Each Disbursement this Period

383.33

Transaction ID : SB17.132

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 1200 E ALGONQUIN RD ELK GROVE

City VILLAGE State IL Zip Code 60007

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 09	DD 08	YYYY 2014
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Amount of Each Disbursement this Period

718.20

Transaction ID : SB17.133

[MEMO ITEM]

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

0.00

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

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14020841737

**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. HOON DESIGNS LLC

Mailing Address 2800 SHIRLINGTON RD STE 920

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
08	04	2014

Amount of Each Disbursement this Period

850.00

Transaction ID : SB17.39

B. HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
07	31	2014

Amount of Each Disbursement this Period

899.45

Transaction ID : SB17.26

C. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
07	15	2014

Amount of Each Disbursement this Period

1479.93

Transaction ID : SB17.19

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

3229.38

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

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14020841738

**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 99 OF 111

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)

A. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Amount of Each Disbursement this Period

1571.45

Transaction ID : SB17.30

Category/
Type

B. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2014

Amount of Each Disbursement this Period

1479.93

Transaction ID : SB17.46

Category/
Type

C. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2014

Amount of Each Disbursement this Period

1571.45

Transaction ID : SB17.60

Category/
Type

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

4622.83

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

14020841739

**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 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

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 15 / 2014

Amount of Each Disbursement this Period
1479.93

Transaction ID : SB17.76

Category/Type

Full Name (Last, First, Middle Initial)
B. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 30 / 2014

Amount of Each Disbursement this Period
1479.93

Transaction ID : SB17.85

Category/Type

Full Name (Last, First, Middle Initial)
C. INTERNAL REVENUE SERVICE

Mailing Address PO BOX 970011

City ST LOUIS State MO Zip Code 63197

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 15 / 2014

Amount of Each Disbursement this Period
1180.85

Transaction ID : SB17.20

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 4140.71

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

14020841740

**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 101 OF 111

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) A. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 07 / 31 / 2014
Mailing Address PO BOX 970011		Amount of Each Disbursement this Period 1180.85 Transaction ID : SB17.31
City ST LOUIS	State MO	
Zip Code 63197	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. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address PO BOX 970011		Amount of Each Disbursement this Period 1180.85 Transaction ID : SB17.47
City ST LOUIS	State MO	
Zip Code 63197	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. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address PO BOX 970011		Amount of Each Disbursement this Period 1180.85 Transaction ID : SB17.61
City ST LOUIS	State MO	
Zip Code 63197	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).....	3542.55
TOTAL This Period (last page this line number only).....	

14020841741

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: PAGE 102 OF 111

(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. INTERNAL REVENUE SERVICE

Date of Disbursement

MM 09	DD 15	YYYY 2014
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Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 970011

City ST LOUIS State MO Zip Code 63197

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Amount of Each Disbursement this Period

1180.85

Transaction ID : SB17.77

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

B. INTERNAL REVENUE SERVICE

Date of Disbursement

MM 09	DD 30	YYYY 2014
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Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 970011

City ST LOUIS State MO Zip Code 63197

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Amount of Each Disbursement this Period

1180.85

Transaction ID : SB17.86

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

C. LOVAS CO LLC

Date of Disbursement

MM 07	DD 01	YYYY 2014
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Full Name (Last, First, Middle Initial)
Mailing Address 6740 W DEER VALLEY RD

City GLENDALE State AZ Zip Code 85310

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Amount of Each Disbursement this Period

487.50

Transaction ID : SB17.4

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

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

2849.20

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

14020841742

**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. MD COMPTROLLER

Full Name (Last, First, Middle Initial)

Mailing Address 80 CALVERT ST

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 15 / 2014

Amount of Each Disbursement this Period: 285.91

Transaction ID : SB17.21

Category/Type

B. MD COMPTROLLER

Full Name (Last, First, Middle Initial)

Mailing Address 80 CALVERT ST

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 31 / 2014

Amount of Each Disbursement this Period: 285.91

Transaction ID : SB17.32

Category/Type

C. MD COMPTROLLER

Full Name (Last, First, Middle Initial)

Mailing Address 80 CALVERT ST

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 15 / 2014

Amount of Each Disbursement this Period: 285.91

Transaction ID : SB17.48

Category/Type

SUBTOTAL of Disbursements This Page (optional) 857.73

TOTAL This Period (last page this line number only)

14020841743

**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 104 OF 111

<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. MD COMPTROLLER		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014	
Mailing Address 80 CALVERT ST		Amount of Each Disbursement this Period 285.91	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SB17.62
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. MD COMPTROLLER		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 80 CALVERT ST		Amount of Each Disbursement this Period 285.91	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SB17.78
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. MD COMPTROLLER		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 80 CALVERT ST		Amount of Each Disbursement this Period 285.91	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SB17.87
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).....	857.73
TOTAL This Period (last page this line number only).....	

14020841744

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: PAGE 105 OF 111

(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. SOUTHWEST PUBLISHING

Mailing Address 4000 SE ADAMS ST

City TOPEKA State KS Zip Code 66609

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Amount of Each Disbursement this Period

9009.08

Transaction ID : SB17.33

Category/
Type

B. SOUTHWEST PUBLISHING

Mailing Address 4000 SE ADAMS ST

City TOPEKA State KS Zip Code 66609

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
08 / 25 / 2014

Amount of Each Disbursement this Period

8512.73

Transaction ID : SB17.56

Category/
Type

C. THE HALLISEY GROUP

Mailing Address 38 E 85TH ST, STE 5E

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2014

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.50

Category/
Type

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

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

21021.81

14020841745

**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 106 OF 111

<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. THOMAS GRAPHICS		Date of Disbursement MM / DD / YYYY 07 / 10 / 2014	
Mailing Address PO BOX 14226		Amount of Each Disbursement this Period 326.00	
City AUSTIN	State TX	Zip Code 78714	Transaction ID : SB17.13
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. US MONITOR		Date of Disbursement MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 86 MAPLE AVE		Amount of Each Disbursement this Period 6.80	
City NEW CITY	State NY	Zip Code 10956	Transaction ID : SB17.14
Purpose of Disbursement SUBSCRIPTIONS		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. US MONITOR		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014	
Mailing Address 86 MAPLE AVE		Amount of Each Disbursement this Period 3.21	
City NEW CITY	State NY	Zip Code 10956	Transaction ID : SB17.40
Purpose of Disbursement SUBSCRIPTIONS		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)

336.01

14020841746

**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 107 OF 111

<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. US MONITOR

Mailing Address 86 MAPLE AVE

City NEW CITY State NY Zip Code 10956

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2014

Amount of Each Disbursement this Period

7.87

Transaction ID : SB17.67

B. US POSTMASTER

Mailing Address 8409 LEE HWY

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.51

C. VANDENBERG AND ASSOCIATES INC

Mailing Address 3927 ELM AVE

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Amount of Each Disbursement this Period

4972.52

Transaction ID : SB17.16

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

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

5480.39

14020841747

**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 108 OF 111

<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. YUMA SOLUTIONS INC		Date of Disbursement MM / DD / YYYY 09 / 08 / 2014
Mailing Address PO BOX 152075		Amount of Each Disbursement this Period 468.75 Transaction ID : SB17.70
City TAMPA	State FL	
Zip Code 33684	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) B. ORACLE CORPORATION PAC		Date of Disbursement MM / DD / YYYY 07 / 31 / 2014
Mailing Address 1015 15TH STREET, NW, STE. 200		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.INKIND
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement IN-KIND: 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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	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).....	558.75
TOTAL This Period (last page this line number only).....	166436.30

14020841748

**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 109 OF 111

<input 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. MICHAL SCOTT		Date of Disbursement MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 783 S MAIN		Amount of Each Disbursement this Period 50.00	
City WARRENTON	State OR	Zip Code 97146	Transaction ID : SB20.1
Purpose of Disbursement CONTRIBUTION REFUND		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.		Date of Disbursement MM / DD / YYYY	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	
Purpose of Disbursement		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.		Date of Disbursement MM / DD / YYYY	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	
Purpose of Disbursement		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).....	50.00
TOTAL This Period (last page this line number only).....	50.00

14020841749

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT MARY HAMWAY		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address 7112 E BRONCO DR		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.1
City PARADISE VALLEY	State AZ	
Purpose of Disbursement COMMITTEE CONTRIBUTION		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. NATIONAL REPUBLICAN SENATORIAL COMMITTEE		Date of Disbursement MM / DD / YYYY 09 / 17 / 2014
Mailing Address 425 2ND ST NE		Amount of Each Disbursement this Period 250000.00 Transaction ID : SB21.2
City WASHINGTON	State DC	
Purpose of Disbursement PARTY TRANSFER		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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		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).....	250500.00
TOTAL This Period (last page this line number only).....	250500.00

14020841750

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 111 OF 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HUCKABY DAVIS LISKER	Nature of Debt (Purpose): COMPLIANCE CONSULTING
Mailing Address 228 S WASHINGTON ST SUITE115	
City ALEXANDRIA State VA Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.1	
Amount Incurred This Period <input type="text" value="2347.05"/>	Payment This Period <input type="text" value="899.45"/>	Outstanding Balance at Close of This Period <input type="text" value="1447.60"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Transaction ID :	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Transaction ID :	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional) ...	<input type="text" value="1447.60"/>
2) TOTALS This Period (last page this line number only) ...	<input type="text" value="1447.60"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="1447.60"/>

14020841751

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

Date of Receipt

10-15-14

USPS FIRST CLASS MAIL

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

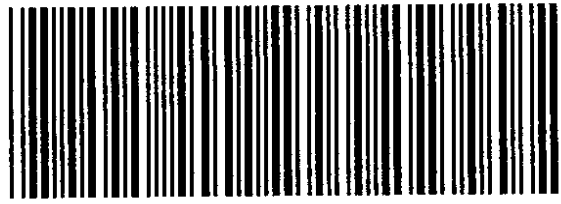
PREPARER

DH

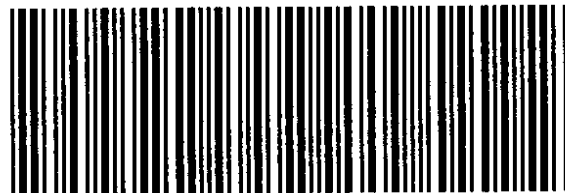
DATE PREPARED

10-15-14

14020841752



SEN PATCH



SEN PATCH

14020841753