

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC

15 JAN 30 PM 4:55  
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

C00540310

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

AZ

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

MM / DD / YYYY

MM / DD / YYYY

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)

15020054845

**SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 151

Write or Type Committee Name

**FRIENDS OF JOHN MCCAIN, INC.**

Report Covering the Period: From:

M M	D D	Y Y Y Y
10	01	2014

To:

M M	D D	Y Y Y Y
12	31	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))...	402308.63	1619192.12
(b) Total Contribution Refunds (from Line 20(d)) ..	2700.00	5244.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	399608.63	1613948.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	257765.03	871809.93
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	3416.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	257765.03	868393.68
8. Cash on Hand at Close of Reporting Period (from Line 27)...	2019177.39	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	

**For further information contact:**

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

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

15020054846

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 151

Write or Type Committee Name

**FRIENDS OF JOHN MCCAIN, INC.**

Report Covering the Period: From:

MM / DD / YYYY  
10 / 01 / 2014

To:

MM / DD / YYYY  
12 / 31 / 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)...

367128.63

1352928.12

(ii) Unitemized.....

1105.00

47022.82

(iii) TOTAL of contributions from individuals .

368233.63

1399950.94

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs) ..

34075.00

219241.18

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

402308.63

1619192.12

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

1188711.26

13. LOANS:

(a) Made or Guaranteed by the Candidate...

0.00

0.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

0.00

3416.25

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

333491.78

355475.71

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)...

735800.41

3166795.34

15020054847

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES...	257765.03	871809.93
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 ...	2700.00	5244.00
(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))...	2700.00	5244.00
21. OTHER DISBURSEMENTS ..	0.00	270564.02
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	260465.03	1147617.95

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	1543842.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	735800.41
25. SUBTOTAL (add Line 23 and Line 24)...	2279642.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	260465.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	2019177.39

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 151	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. LOUIS M. BACON**

Mailing Address 1251 AVENUE OF THE AMERICAS, FL-17

City NEW YORK	State NY	Zip Code 10020-1104
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.  C

Name of Employer MOORE CAPITAL MANAGEMENT	Occupation C.E.O.
--	----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 07 / 2014

Transaction ID : SA11.3085141

Amount of Each Receipt this Period  
5200.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. LOUIS M. BACON**

Mailing Address 1251 AVENUE OF THE AMERICAS, FL-17

City NEW YORK	State NY	Zip Code 10020-1104
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.  C

Name of Employer MOORE CAPITAL MANAGEMENT	Occupation C.E.O.
--	----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 07 / 2014

Transaction ID : SA11.3085141B

Amount of Each Receipt this Period  
-2600.00  
CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. LOUIS M. BACON**

Mailing Address 1251 AVENUE OF THE AMERICAS, FL-17

City NEW YORK	State NY	Zip Code 10020-1104
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.  C

Name of Employer MOORE CAPITAL MANAGEMENT	Occupation C.E.O.
--	----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 07 / 2014

Transaction ID : SA11.3085169

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

15020054849

**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 151
	<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. HOWARD MICHAELS**

Mailing Address **560 LEXINGTON AVE.**

City **NEW YORK** State **NY** Zip Code **10022-6828**

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

Name of Employer **CARLTON GROUP** Occupation **CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 MM / DD / YYYY  
**10 / 07 / 2014**

Transaction ID : **SA11.3085142**

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

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

Mailing Address **16130 VENTURA BLVD, #320**

City **ENCINO** State **CA** Zip Code **91436-2531**

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

Name of Employer **MANDY FILMS** Occupation **FILM PRODUCER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 MM / DD / YYYY  
**10 / 08 / 2014**

Transaction ID : **SA11.3085152**

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

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

Mailing Address **16130 VENTURA BLVD, #320**

City **ENCINO** State **CA** Zip Code **91436-2531**

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

Name of Employer **MANDY FILMS** Occupation **FILM PRODUCER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 MM / DD / YYYY  
**10 / 08 / 2014**

Transaction ID : **SA11.3085152B**

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) .....

**6200.00**

15020054850

**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 7 OF 151	
	<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. LEONARD GOLDBERG**

Mailing Address 16130 VENTURA BLVD, #320

City ENCINO State CA Zip Code 91436-2531

FEC ID number of contributing federal political committee.  C

Name of Employer MANDY FILMS Occupation FILM PRODUCER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt 10 / 08 / 2014

Transaction ID : SA11.3085171

Amount of Each Receipt this Period 2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH B. MEHLMAN**

Mailing Address 9 W. 57TH ST., STE. 4200

City NEW YORK State NY Zip Code 10019-2701

FEC ID number of contributing federal political committee.  C

Name of Employer KOHLBERG, KRAVIS, ROBERTS & CO. Occupation PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt 10 / 08 / 2014

Transaction ID : SA11.3085151

Amount of Each Receipt this Period 2600.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JERRY BRUCKHEIMER**

Mailing Address 1631 10TH ST.

City SANTA MONICA State CA Zip Code 90404-3705

FEC ID number of contributing federal political committee.  C

Name of Employer JERRY BRUCKHEIMER FILMS Occupation PRODUCER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt 10 / 14 / 2014

Transaction ID : SA11.3085160

Amount of Each Receipt this Period 5200.00

CONTRIBUTION

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

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

7800.00

15020054851

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

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

FOR LINE NUMBER: PAGE 8 OF 151

(check only one)

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

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

A. Full Name (Last, First, Middle Initial)  
**MR. JERRY BRUCKHEIMER**

Mailing Address 1631 10TH ST.

City State Zip Code  
SANTA MONICA CA 90404-3705

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

Name of Employer Occupation  
JERRY BRUCKHEIMER FILMS PRODUCER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2014

Transaction ID : SA11.3085160B

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)  
**MR. JERRY BRUCKHEIMER**

Mailing Address 1631 10TH ST.

City State Zip Code  
SANTA MONICA CA 90404-3705

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

Name of Employer Occupation  
JERRY BRUCKHEIMER FILMS PRODUCER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2014

Transaction ID : SA11.3085175

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)  
**MR. ROGER A. ENRICO**

Mailing Address 500 CRESCENT CT, STE. 250

City State Zip Code  
DALLAS TX 75201-6995

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2014

Transaction ID : SA11.3085159

Amount of Each Receipt this Period

5200.00

CONTRIBUTION

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

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

5200.00

15020054852



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

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

FOR LINE NUMBER: PAGE 9 OF 151  
(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. ROGER A. ENRICO**

Mailing Address **500 CRESCENT CT, STE. 250**

City **DALLAS** State **TX** Zip Code **75201-6995**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**10 / 14 / 2014**

Transaction ID : **SA11.3085159B**

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

CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROGER A. ENRICO**

Mailing Address **500 CRESCENT CT, STE. 250**

City **DALLAS** State **TX** Zip Code **75201-6995**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**10 / 14 / 2014**

Transaction ID : **SA11.3085177**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ROSEMARY ENRICO**

Mailing Address **3831 TURTLE CREEK BLVD, APT. 23B**

City **DALLAS** State **TX** Zip Code **75219-4480**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**10 / 14 / 2014**

Transaction ID : **SA11.3085157**

Amount of Each Receipt this Period  
**5200.00**

CONTRIBUTION

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

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

**5200.00**

15020054853

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

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

FOR LINE NUMBER: PAGE 10 OF 151  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ROSEMARY ENRICO**

Mailing Address **3831 TURTLE CREEK BLVD, APT. 23B**

City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75219-4480</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.  C

Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>
--------------------------------------	--------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
**10 / 14 / 2014**

Transaction ID : **SA11.3085157B**

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

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ROSEMARY ENRICO**

Mailing Address **3831 TURTLE CREEK BLVD, APT. 23B**

City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75219-4480</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.  C

Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>
--------------------------------------	--------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
**10 / 14 / 2014**

Transaction ID : **SA11.3085173**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY FREEDMAN**

Mailing Address **456 N. BUNDY DR.**

City <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90049-2830</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.  C

Name of Employer <b>CREATIVE ARTISTS AGENCY</b>	Occupation <b>EXECUTIVE</b>
--	--------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
**10 / 14 / 2014**

Transaction ID : **SA11.3085164**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

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

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

**2600.00**

15020054854

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

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

FOR LINE NUMBER: PAGE 11 OF 151

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JENNIFER S. LIPSCHULTZ**

Mailing Address **9 W. 57TH ST., STE. 4200**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10019-2707</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.  C

Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>
--------------------------------------	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2014

Transaction ID : **SA11.3085163**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARC S. LIPSCHULTZ**

Mailing Address **1060 5TH AVE.**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10128-0104</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.  C

Name of Employer <b>KOHLBERG, KRAVIS, ROBERTS &amp; CO.</b>	Occupation <b>INVESTMENTS</b>
--	----------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2014

Transaction ID : **SA11.3085161**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ANNE MARIE ROZELL**

Mailing Address **6050 PRESTONSHIRE LN**

City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75225-1909</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.  C

Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>
--------------------------------------	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2014

Transaction ID : **SA11.3085156**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

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

7800.00

15020054855

**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 151
	<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. CHRISTOFER D. ROZELL**

Mailing Address **6050 PRESTONSHIRE LN**

City **DALLAS** State **TX** Zip Code **75225-1909**

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

Name of Employer **WILDCAT MIDSTREAM PARTNERS** Occupation **C.E.O.**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 MM / DD / YYYY  
**10 / 14 / 2014**

Transaction ID : **SA11.3085154**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY F. SAGANSKY**

Mailing Address **53 E. 80TH STREET**

City **NEW YORK** State **NY** Zip Code **10075-0236**

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 **2600.00**

Date of Receipt  
 MM / DD / YYYY  
**10 / 14 / 2014**

Transaction ID : **SA11.3085162**

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

**C.** Full Name (Last, First, Middle Initial)  
**MS. FRANCES ANN 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 **THE UNIVERSITY OF ARIZONA** Occupation **RETIRED CHEMISTRY PROFESSOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 MM / DD / YYYY  
**10 / 16 / 2014**

Transaction ID : **SA11.3085455**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

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

**5250.00**

15020054856

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 151
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES N. AYERS**

Mailing Address P.O. BOX 11987

City ATLANTA State GA Zip Code 30355-1987

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

Name of Employer **TARGET ENTERPRISES** Occupation **MEDIA BUYER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 MM / DD / YYYY  
 10 / 17 / 2014

Transaction ID : **SA11.3085166**

Amount of Each Receipt this Period  
**5200.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES N. AYERS**

Mailing Address P.O. BOX 11987

City ATLANTA State GA Zip Code 30355-1987

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

Name of Employer **TARGET ENTERPRISES** Occupation **MEDIA BUYER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 MM / DD / YYYY  
 10 / 17 / 2014

Transaction ID : **SA11.3085166B**

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

CONTRIBUTION

**[MEMO ITEM]**  
 REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES N. AYERS**

Mailing Address P.O. BOX 11987

City ATLANTA State GA Zip Code 30355-1987

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

Name of Employer **TARGET ENTERPRISES** Occupation **MEDIA BUYER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 MM / DD / YYYY  
 10 / 17 / 2014

Transaction ID : **SA11.3085179**

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**

15020054857

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 151
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)  
**MR. TODD HECKMANN**

Mailing Address **2707 1/2 OCEAN FRONT WALK**

City State Zip Code  
**VENICE CA 90291-5285**

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

Name of Employer Occupation  
**LASER AWAY PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
**10 / 17 / 2014**

Transaction ID : **SA11.3085167**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**MR. CHARLES B. MOSS JR.**

Mailing Address **1530 BROADWAY**

City State Zip Code  
**NEW YORK NY 10036-4048**

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

Name of Employer Occupation  
**BOW TIE PARTNERS PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**10 / 17 / 2014**

Transaction ID : **SA11.3085180**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**MR. MORTEZA GHARIB**

Mailing Address **842 LA VINA LN**

City State Zip Code  
**ALTADENA CA 91001-3754**

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

Name of Employer Occupation  
**CAL-TECH PROFESSOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
**10 / 20 / 2014**

Transaction ID : **SA11.3085181**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

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

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

**5450.00**

15020054858

**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 151
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

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

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

Mailing Address 4012 GILLON AVE.

City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75205-3119</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer <b>PLAINS CAPITAL BANK</b>	Occupation <b>CHAIRMAN: CENTRAL/SOUTH TX</b>
--	---

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11.3085184

Amount of Each Receipt this Period  
 5200.00  
 CONTRIBUTION

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

Mailing Address 4012 GILLON AVE.

City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75205-3119</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer <b>PLAINS CAPITAL BANK</b>	Occupation <b>CHAIRMAN: CENTRAL/SOUTH TX</b>
--	---

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11.3085184B

Amount of Each Receipt this Period  
 -2600.00  
 CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION TO GENERAL

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

Mailing Address 4012 GILLON AVE.

City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75205-3119</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer <b>PLAINS CAPITAL BANK</b>	Occupation <b>CHAIRMAN: CENTRAL/SOUTH TX</b>
--	---

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11.3085223

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

15020054859

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

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

FOR LINE NUMBER: PAGE 16 OF 151  
(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. PATTY H. HUFFINES**

Mailing Address 4012 GILLON AVE.

City State Zip Code  
DALLAS TX 75205-3119

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
SELF-EMPLOYED CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2014

Transaction ID : SA11.3085183

Amount of Each Receipt this Period  
5200.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. PATTY H. HUFFINES**

Mailing Address 4012 GILLON AVE.

City State Zip Code  
DALLAS TX 75205-3119

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
SELF-EMPLOYED CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2014

Transaction ID : SA11.3085183B

Amount of Each Receipt this Period  
-2600.00  
CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MRS. PATTY H. HUFFINES**

Mailing Address 4012 GILLON AVE.

City State Zip Code  
DALLAS TX 75205-3119

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
SELF-EMPLOYED CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2014

Transaction ID : SA11.3085225

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

15020054860



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

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

FOR LINE NUMBER: PAGE 17 OF 151  
(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. AFZAL AFZALNIA**

Mailing Address 250 S. ROSE DRIVE #78

City PLACENTIA	State CA	Zip Code 92870-1078
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.  C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2014

Transaction ID : SA11.3085203

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. SAIED S. AHMADI**

Mailing Address 5454 RESEDA CIR.

City FREMONT	State CA	Zip Code 94538-5206
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.  C

Name of Employer VALLEY MEDICAL CENTER STREET	Occupation VASCULAR SONOGRAPHER
--	------------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2014

Transaction ID : SA11.3085194

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MEHRI BORHANI**

Mailing Address 14 COLONIAL

City IRVINE	State CA	Zip Code 92620-2519
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.  C

Name of Employer CENTURY 21 AWARDS	Occupation REALTOR
---------------------------------------	-----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2014

Transaction ID : SA11.3085201

Amount of Each Receipt this Period  
1600.00  
CONTRIBUTION

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

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

5200.00  
CONTRIBUTION

15020054861

**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 151  
(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)  
**MEHRI BORHANI**

Mailing Address **14 COLONIAL**

City **IRVINE** State **CA** Zip Code **92620-2519**

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

Name of Employer **CENTURY 21 AWARDS** Occupation **REALTOR**

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
**10 / 21 / 2014**

Transaction ID : **SA11.3085204**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. GILBERT TODD BRIGHT**

Mailing Address **5944 LUTHER LN, STE. 600**

City **DALLAS** State **TX** Zip Code **75225-5918**

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

Name of Employer **BRIGHT & BRIGHT, L.L.P.** Occupation **C.P.A.**

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**10 / 21 / 2014**

Transaction ID : **SA11.3085188**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. GILBERT TODD BRIGHT**

Mailing Address **5944 LUTHER LN, STE. 600**

City **DALLAS** State **TX** Zip Code **75225-5918**

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

Name of Employer **BRIGHT & BRIGHT, L.L.P.** Occupation **C.P.A.**

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**10 / 21 / 2014**

Transaction ID : **SA11.3085188B**

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).....

**6200.00**

15020054862

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 151
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. GILBERT TODD BRIGHT**

Mailing Address 5944 LUTHER LN, STE. 600

City State Zip Code  
DALLAS TX 75225-5918

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BRIGHT & BRIGHT, L.L.P. C.P.A.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2014

Transaction ID : SA11.3085190

Amount of Each Receipt this Period

CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**BABAK DADVAND**

Mailing Address 5556 MASON AVENUE

City State Zip Code  
WOODLAND HILLS CA 91367-6841

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SUPERIOR INDUSTRIES PURCHASING MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2014

Transaction ID : SA11.3085202

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. BEHNAM MIRABDUL**

Mailing Address 1920 FRANCISCO ST., #301

City State Zip Code  
BERKELEY CA 94709-2103

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF-EMPLOYED OWNER: COPY EXPRESS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2014

Transaction ID : SA11.3085195

Amount of Each Receipt this Period

CONTRIBUTION

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

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

15020054863

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 OF 151	
	(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. BEHNAME MIRABDUL**

Mailing Address 1920 FRANCISCO ST., #301

City	State	Zip Code
BERKELEY	CA	94709-2103

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	OWNER: COPY EXPRESS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085195B

Amount of Each Receipt this Period

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. BEHNAME MIRABDUL**

Mailing Address 1920 FRANCISCO ST., #301

City	State	Zip Code
BERKELEY	CA	94709-2103

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	OWNER: COPY EXPRESS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085497

Amount of Each Receipt this Period

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**NADER MOAVENIAN**

Mailing Address 1420 ESSEX WAY #2

City	State	Zip Code
SAN JOSE	CA	95117-3721

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	SOFTWARE QA ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085196

Amount of Each Receipt this Period

CONTRIBUTION

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

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

15020054864

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

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

FOR LINE NUMBER: PAGE 21 OF 151  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**MS. PARVANEH MOKHTARI**

Mailing Address **15 MALIBU**

City State Zip Code  
**LAGUNA NIGUEL CA 92677-5646**

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

Name of Employer Occupation  
**HOME COUTURE DESIGN PRINCIPAL DESIGNER**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
**10 / 21 / 2014**

Transaction ID : **SA11.3085221**

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

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

Mailing Address **1108 ODYSSEY CT**

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

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
**10 / 21 / 2014**

Transaction ID : **SA11.3085193**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. KARIM MORADI**

Mailing Address **1108 ODYSSEY CT**

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

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
**10 / 21 / 2014**

Transaction ID : **SA11.3085193B**

Amount of Each Receipt this Period  
**-900.00**  
CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

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

**3600.00**

15020054865

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

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

FOR LINE NUMBER: PAGE 22 OF 151  
(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. KARIM MORADI**

Mailing Address **1108 ODYSSEY CT**

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

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
**10 / 21 / 2014**

Transaction ID : **SA11.3085379**

Amount of Each Receipt this Period  
**900.00**

CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MARYAM PHILLIPS**

Mailing Address **722 VIA CAFETAL**

City **SAN MARCOS** State **CA** Zip Code **92069-7384**

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

Name of Employer **SELF-EMPLOYED** Occupation **PROGRAM ANALYST**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
**10 / 21 / 2014**

Transaction ID : **SA11.3085198**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. RAY SABO**

Mailing Address **25 VILLAGE WAY**

City **IRVINE** State **CA** Zip Code **92603-0217**

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

Name of Employer **SELF-EMPLOYED** Occupation **C.E.O.**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt  
**10 / 21 / 2014**

Transaction ID : **SA11.3085200**

Amount of Each Receipt this Period  
**3500.00**

CONTRIBUTION

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

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

**6100.00**

15020054866

**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 151
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. RAY SABO**

Mailing Address 25 VILLAGE WAY

City	State	Zip Code
IRVINE	CA	92603-0217

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085200B

Amount of Each Receipt this Period

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. RAY SABO**

Mailing Address 25 VILLAGE WAY

City	State	Zip Code
IRVINE	CA	92603-0217

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085227

Amount of Each Receipt this Period

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**FARIDEH SEDIGHI**

Mailing Address 721 SAN LUIS ROAD

City	State	Zip Code
BERKELEY	CA	94707-2029

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CISCO SYSTEMS	SOFTWARE ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085220

Amount of Each Receipt this Period

CONTRIBUTION

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

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

15020054867

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

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

FOR LINE NUMBER: PAGE 24 OF 151  
(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. HASSAN SOLTANI**

Mailing Address 18341 SHERMAN WAY, #104-B

City RESEDA State CA Zip Code 91335-4497

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

Name of Employer SOLTANI CONSTRUCTION Occupation BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt 10 / 21 / 2014

Transaction ID : SA11.3085199

Amount of Each Receipt this Period 4000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. HASSAN SOLTANI**

Mailing Address 18341 SHERMAN WAY, #104-B

City RESEDA State CA Zip Code 91335-4497

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

Name of Employer SOLTANI CONSTRUCTION Occupation BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt 10 / 21 / 2014

Transaction ID : SA11.3085199B

Amount of Each Receipt this Period -1400.00  
CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. HASSAN SOLTANI**

Mailing Address 18341 SHERMAN WAY, #104-B

City RESEDA State CA Zip Code 91335-4497

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

Name of Employer SOLTANI CONSTRUCTION Occupation BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt 10 / 21 / 2014

Transaction ID : SA11.3085210

Amount of Each Receipt this Period 1400.00  
CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION FROM PRIMARY

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

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

4000.00

15020054868



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

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

FOR LINE NUMBER: PAGE 25 OF 151  
(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)  
**FERRAH YAZDAN**

Mailing Address 14638 STONEBRIDGE COURT

City State Zip Code  
MORGAN HILL CA 95037-9608

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
INTERO REAL ESTATE REALTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2014

Transaction ID : SA11.3085197

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FERRAH YAZDAN**

Mailing Address 14638 STONEBRIDGE COURT

City State Zip Code  
MORGAN HILL CA 95037-9608

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
INTERO REAL ESTATE REALTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2014

Transaction ID : SA11.3085197B

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

**C.** Full Name (Last, First, Middle Initial)  
**FERRAH YAZDAN**

Mailing Address 14638 STONEBRIDGE COURT

City State Zip Code  
MORGAN HILL CA 95037-9608

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
INTERO REAL ESTATE REALTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2014

Transaction ID : SA11.3085217

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).....

2600.00

15020054869

**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 151  
(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)  
**ALI MORIDI**

Mailing Address P.O. BOX 3228

City State Zip Code  
SANTA CLARA CA 95055-3228

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
INTERO REAL ESTATE REALTOR

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
1400.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2014

Transaction ID : SA11.3085218

Amount of Each Receipt this Period  
1400.00  
CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**FERRAH YAZDAN**

Mailing Address 14638 STONEBRIDGE COURT

City State Zip Code  
MORGAN HILL CA 95037-9608

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
INTERO REAL ESTATE REALTOR

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2014

Transaction ID : SA11.3085217B

Amount of Each Receipt this Period  
-1400.00  
CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**SIMA YAZDANI**

Mailing Address 726 FOXBROUGH PL.

City State Zip Code  
PLEASANTON CA 94566-6990

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
CISCO SYSTEMS SR. TECHNICAL LEADER

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2014

Transaction ID : SA11.3085192

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

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

2600.00

15020054870

**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 151
	<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)  
**SIMA YAZDANI**

Mailing Address 726 FOXBROUGH PL.

City <b>PLEASANTON</b>	State <b>CA</b>	Zip Code <b>94566-6990</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>CISCO SYSTEMS</b>	Occupation <b>SR. TECHNICAL LEADER</b>
--	---

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 MM / DD / YYYY  
**10 / 21 / 2014**

Transaction ID : **SA11.3085192B**

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

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**SIMA YAZDANI**

Mailing Address 726 FOXBROUGH PL.

City <b>PLEASANTON</b>	State <b>CA</b>	Zip Code <b>94566-6990</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>CISCO SYSTEMS</b>	Occupation <b>SR. TECHNICAL LEADER</b>
--	---

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 MM / DD / YYYY  
**10 / 21 / 2014**

Transaction ID : **SA11.3085377**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

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

Mailing Address 8150 N. CENTRAL EXPRESSWAY #2000

City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75206-1872</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer <b>ISTATION</b>	Occupation <b>C.E.O. &amp; CHAIRMAN</b>
-------------------------------------	--

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 MM / DD / YYYY  
**10 / 22 / 2014**

Transaction ID : **SA11.3085232**

Amount of Each Receipt this Period  
**5200.00**

CONTRIBUTION

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

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

**5200.00**

15020054871

**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 151  
(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 H. COLLINS**

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

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

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

Name of Employer Occupation  
**ISTATION C.E.O. & CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
**10 / 22 / 2014**

Transaction ID : **SA11.3085232B**

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

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

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

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

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

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

Name of Employer Occupation  
**ISTATION C.E.O. & CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
**10 / 22 / 2014**

Transaction ID : **SA11.3085243**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MRS. PENELOPE T. COOK**

Mailing Address **3324 BRYN MAWR DR.**

City State Zip Code  
**DALLAS TX 75225-7647**

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

Name of Employer Occupation  
**BRIGGS FREEMAN SOTHEBY'S REALTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**10 / 22 / 2014**

Transaction ID : **SA11.3085206**

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**

15020054872

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

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

FOR LINE NUMBER: PAGE 29 OF 151  
(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. GERALD J. FORD**

Mailing Address 200 CRESCENT COURT STE. 1350

City	State	Zip Code
DALLAS	TX	75201-6988

FEC ID number of contributing federal political committee.  C

Name of Employer	Occupation
DIAMOND A. FORD CORPORATION	C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  

MM	DD	YYYY
10	22	2014

Transaction ID : SA11.3085237

Amount of Each Receipt this Period  

5200.00
---------

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GERALD J. FORD**

Mailing Address 200 CRESCENT COURT STE. 1350

City	State	Zip Code
DALLAS	TX	75201-6988

FEC ID number of contributing federal political committee.  C

Name of Employer	Occupation
DIAMOND A. FORD CORPORATION	C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  

MM	DD	YYYY
10	22	2014

Transaction ID : SA11.3085237B

Amount of Each Receipt this Period  

-2600.00
----------

CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. GERALD J. FORD**

Mailing Address 200 CRESCENT COURT STE. 1350

City	State	Zip Code
DALLAS	TX	75201-6988

FEC ID number of contributing federal political committee.  C

Name of Employer	Occupation
DIAMOND A. FORD CORPORATION	C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  

MM	DD	YYYY
10	22	2014

Transaction ID : SA11.3085241

Amount of Each Receipt this Period  

2600.00
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CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION FROM PRIMARY

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

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

5200.00

15020054873

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

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

FOR LINE NUMBER: PAGE 30 OF 151

(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)  
**MRS. KELLI O. FORD**

Mailing Address 200 CRESCENT COURT STE. 1350

City	State	Zip Code
DALLAS	TX	75201-6988

FEC ID number of contributing federal political committee.  C

Name of Employer	Occupation
SELF-EMPLOYED	STORE OWNER/DECORATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 10 / 22 / 2014

Transaction ID : SA11.3085231

Amount of Each Receipt this Period: 5200.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. KELLI O. FORD**

Mailing Address 200 CRESCENT COURT STE. 1350

City	State	Zip Code
DALLAS	TX	75201-6988

FEC ID number of contributing federal political committee.  C

Name of Employer	Occupation
SELF-EMPLOYED	STORE OWNER/DECORATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 10 / 22 / 2014

Transaction ID : SA11.3085231B

Amount of Each Receipt this Period: -2600.00

CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MRS. KELLI O. FORD**

Mailing Address 200 CRESCENT COURT STE. 1350

City	State	Zip Code
DALLAS	TX	75201-6988

FEC ID number of contributing federal political committee.  C

Name of Employer	Occupation
SELF-EMPLOYED	STORE OWNER/DECORATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 10 / 22 / 2014

Transaction ID : SA11.3085245

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

15020054874

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

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

FOR LINE NUMBER: PAGE 31 OF 151  
(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. GEORGE SEAY**

Mailing Address 325 N. SAINT PAUL ST., #3500

City State Zip Code  
DALLAS TX 75201-3869

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
ANNANDALE CAPITAL, L.L.C. C.E.O.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2014

Transaction ID : SA11.3085205

Amount of Each Receipt this Period  
5200.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE SEAY**

Mailing Address 325 N. SAINT PAUL ST., #3500

City State Zip Code  
DALLAS TX 75201-3869

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
ANNANDALE CAPITAL, L.L.C. C.E.O.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2014

Transaction ID : SA11.3085205B

Amount of Each Receipt this Period  
-2600.00  
CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE SEAY**

Mailing Address 325 N. SAINT PAUL ST., #3500

City State Zip Code  
DALLAS TX 75201-3869

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
ANNANDALE CAPITAL, L.L.C. C.E.O.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2014

Transaction ID : SA11.3085214

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

15020054875

**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 151
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. DARSHAN SHAH M.D.**

Mailing Address **805 TRANCAS CANYON**

City	State	Zip Code
<b>MALIBU</b>	<b>CA</b>	<b>90265-</b>

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

Name of Employer	Occupation
<b>BEAUTOLOGIE</b>	<b>PHYSICIAN</b>

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  

MM	DD	YYYY
<b>10</b>	<b>22</b>	<b>2014</b>

Transaction ID : **SA11.3085207**

Amount of Each Receipt this Period  

2600.00
---------

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. AERIN SHAW**

Mailing Address **2221 NARCISSUS CT**

City	State	Zip Code
<b>VENICE</b>	<b>CA</b>	<b>96291-</b>

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

Name of Employer	Occupation
<b>MAD DOGG ATHLETICS</b>	<b>C.O.O.</b>

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  

MM	DD	YYYY
<b>10</b>	<b>22</b>	<b>2014</b>

Transaction ID : **SA11.3085238**

Amount of Each Receipt this Period  

2600.00
---------

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LENISE H. STEPHENSON**

Mailing Address **5404 WALNUT HILL LN**

City	State	Zip Code
<b>DALLAS</b>	<b>TX</b>	<b>75229-6621</b>

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

Name of Employer	Occupation
<b>HOMEMAKER</b>	<b>HOMEMAKER</b>

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  

MM	DD	YYYY
<b>10</b>	<b>22</b>	<b>2014</b>

Transaction ID : **SA11.3085234**

Amount of Each Receipt this Period  

2600.00
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CONTRIBUTION

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

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

Amount of Each Receipt this Period  

7800.00
---------

15020054876



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

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

FOR LINE NUMBER: PAGE 33 OF 151  
(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. RANDALL L. STEPHENSON**

Mailing Address 5404 WALNUT HILL LN

City State Zip Code  
DALLAS TX 75229-6621

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
AT&T, INC. CHAIRMAN & C.E.O.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085236

Amount of Each Receipt this Period  
  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JON WATERMAN**

Mailing Address 1100 GLENDON AVE.

City State Zip Code  
WESTWOOD CA 90064-

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ADNET, INC. C.E.O.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085208

Amount of Each Receipt this Period  
  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JON WATERMAN**

Mailing Address 1100 GLENDON AVE.

City State Zip Code  
WESTWOOD CA 90064-

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ADNET, INC. C.E.O.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085208B

Amount of Each Receipt this Period  
  
 CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION TO GENERAL

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

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

15020054877

**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 151
	<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. JON WATERMAN**

Mailing Address 1100 GLENDON AVE.

City WESTWOOD State CA Zip Code 90064

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

Name of Employer ADNET, INC. Occupation C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt  
 10 / 22 / 2014

Transaction ID : SA11.3085216

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**[MEMO ITEM]**  
 REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN BARTLING**

Mailing Address 245 PARK AVE.

City NEW YORK State NY Zip Code 10167-0002

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

Name of Employer ARES MANAGEMENT, L.L.C. Occupation PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 10 / 23 / 2014

Transaction ID : SA11.3085239

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 245 PARK AVE.

City NEW YORK State NY Zip Code 10167-0002

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

Name of Employer ARES MANAGEMENT, L.L.C. Occupation PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 10 / 27 / 2014

Transaction ID : SA11.3085247A

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

CHARGED BACK \$1,000.00 ON 10/27/2014

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

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

2000.00

15020054878

**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 151
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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

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

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

Mailing Address **245 PARK AVE.**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10167-0002</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer <b>ARES MANAGEMENT, L.L.C.</b>	Occupation <b>PARTNER</b>
--	------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**10 / 27 / 2014**

Transaction ID : **SA11.3085247B**

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

CONTRIBUTION

CHARGED BACK

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CAROL BIENSTOCK**

Mailing Address **13341 MULHOLLAND DRIVE**

City <b>BEVERLY HILLS</b>	State <b>CA</b>	Zip Code <b>90210-1147</b>
------------------------------	--------------------	-------------------------------

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

Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>
--------------------------------------	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
**10 / 27 / 2014**

Transaction ID : **SA11.3085252**

Amount of Each Receipt this Period  
**5200.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CAROL BIENSTOCK**

Mailing Address **13341 MULHOLLAND DRIVE**

City <b>BEVERLY HILLS</b>	State <b>CA</b>	Zip Code <b>90210-1147</b>
------------------------------	--------------------	-------------------------------

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

Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>
--------------------------------------	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
**10 / 27 / 2014**

Transaction ID : **SA11.3085252B**

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).....

**4200.00**

15020054879

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

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

FOR LINE NUMBER: PAGE 36 OF 151  
(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. CAROL BIENSTOCK**

Mailing Address 13341 MULHOLLAND DRIVE

City State Zip Code  
BEVERLY HILLS CA 90210-1147

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2014

Transaction ID : SA11.3085336

FEC ID number of contributing federal political committee.  C

Amount of Each Receipt this Period  
CONTRIBUTION  
2600.00

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

[MEMO ITEM]  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID L. BIENSTOCK**

Mailing Address 13341 MULHOLLAND DRIVE

City State Zip Code  
BEVERLY HILLS CA 90210-1147

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2014

Transaction ID : SA11.3085257

FEC ID number of contributing federal political committee.  C

Amount of Each Receipt this Period  
CONTRIBUTION  
5200.00

Name of Employer Occupation  
TARGET ENTERPRISES C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID L. BIENSTOCK**

Mailing Address 13341 MULHOLLAND DRIVE

City State Zip Code  
BEVERLY HILLS CA 90210-1147

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2014

Transaction ID : SA11.3085257B

FEC ID number of contributing federal political committee.  C

Amount of Each Receipt this Period  
CONTRIBUTION  
-2600.00

Name of Employer Occupation  
TARGET ENTERPRISES C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

[MEMO ITEM]  
REDESIGNATION TO GENERAL

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

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

15020054880

**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 151
	<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. DAVID L. BIENSTOCK**

Mailing Address **13341 MULHOLLAND DRIVE**

City **BEVERLY HILLS** State **CA** Zip Code **90210-1147**

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

Name of Employer **TARGET ENTERPRISES** Occupation **C.E.O.**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**10 / 27 / 2014**

Transaction ID : **SA11.3085338**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES A. BRESLO**

Mailing Address **9340 PENFIELD AVENUE**

City **CHATSWORTH** State **CA** Zip Code **91311-6550**

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

Name of Employer **DIAMOND GAME** Occupation **PRESIDENT & C.E.O.**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**10 / 27 / 2014**

Transaction ID : **SA11.3085259**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. CARY E. GRANAT**

Mailing Address **13900 MARQUESAS WAY, #4403**

City **MARINA DEL REY** State **CA** Zip Code **90292-6060**

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

Name of Employer **GRANAT ENTERTAINMENT** Occupation **FOUNDER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**10 / 27 / 2014**

Transaction ID : **SA11.3085253**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

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

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

**5200.00**

15020054881

**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 151

<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. JONAS KLEINER**

Mailing Address 1470 ENCINITAS BLVD. #168

City ENCINITAS	State CA	Zip Code 92024-2930
-------------------	-------------	------------------------

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

Name of Employer BASK DIGITAL	Occupation C.C.O.
----------------------------------	----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  

MM	DD	YYYY
10	27	2014

Transaction ID : SA11.3085256

Amount of Each Receipt this Period  

2600.00
---------

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. MURRAY LUGASH**

Mailing Address 130 S. LAYTON DR.

City LOS ANGELES	State CA	Zip Code 90049-3036
---------------------	-------------	------------------------

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

Name of Employer MAXON LIFT CORP.	Occupation PRESIDENT & C.E.O.
--------------------------------------	----------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  

MM	DD	YYYY
10	27	2014

Transaction ID : SA11.3085248

Amount of Each Receipt this Period  

2600.00
---------

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. RYOKO K. NADEAU**

Mailing Address 1621 STANFORD ST.

City SANTA MONICA	State CA	Zip Code 90404-4113
----------------------	-------------	------------------------

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

Name of Employer NADEAU CORP.	Occupation FURNITURE IMPORT / RETAILER
----------------------------------	---

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

MM	DD	YYYY
10	27	2014

Transaction ID : SA11.3085254

Amount of Each Receipt this Period  

1000.00
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CONTRIBUTION

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

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

6200.00

15020054882

**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 151
	<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. JAMEE NATELLA**

Mailing Address 8950 W. OLYMPIC BLVD, STE. 324

City <b>BEVERLY HILLS</b>	State <b>CA</b>	Zip Code <b>90211-3565</b>
------------------------------	--------------------	-------------------------------

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

Name of Employer <b>BLUEYED PICTURES, INC.</b>	Occupation <b>COMMERCIAL PRODUCER</b>
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Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 MM / DD / YYYY  
**10 / 27 / 2014**

Transaction ID : **SA11.3085255**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. ADAM STOLL**

Mailing Address 4097 CODY ROAD

City <b>SHERMAN OAKS</b>	State <b>CA</b>	Zip Code <b>91403-5024</b>
-----------------------------	--------------------	-------------------------------

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

Name of Employer <b>TARGET ENTERPRISES</b>	Occupation <b>ADVERTISING</b>
---	----------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 MM / DD / YYYY  
**10 / 27 / 2014**

Transaction ID : **SA11.3085250**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. ADAM STOLL**

Mailing Address 4097 CODY ROAD

City <b>SHERMAN OAKS</b>	State <b>CA</b>	Zip Code <b>91403-5024</b>
-----------------------------	--------------------	-------------------------------

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

Name of Employer <b>TARGET ENTERPRISES</b>	Occupation <b>ADVERTISING</b>
---	----------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 MM / DD / YYYY  
**10 / 27 / 2014**

Transaction ID : **SA11.3085250B**

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

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

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

**7800.00**

15020054883

**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 151

(check only one)

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

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. ADAM STOLL**

Mailing Address 4097 CODY ROAD

City State Zip Code  
SHERMAN OAKS CA 91403-5024

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
TARGET ENTERPRISES ADVERTISING

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2014

Transaction ID : SA11.3085261

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LISA DEWALD STOLL**

Mailing Address 4097 CODY ROAD

City State Zip Code  
SHERMAN OAKS CA 91403-5024

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2014

Transaction ID : SA11.3085251

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LISA DEWALD STOLL**

Mailing Address 4097 CODY ROAD

City State Zip Code  
SHERMAN OAKS CA 91403-5024

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2014

Transaction ID : SA11.3085251B

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

15020054884



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 151
	<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) <b>A. MRS. LISA DEWALD STOLL</b>		Date of Receipt MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 4097 CODY ROAD		Transaction ID : SA11.3085263	
City SHERMAN OAKS	State CA	Zip Code 91403-5024	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00 CONTRIBUTION	
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		
		<b>[MEMO ITEM]</b> REDESIGNATION FROM PRIMARY	

Full Name (Last, First, Middle Initial) <b>B. MR. JOSEPH J. FOX USA (RET)</b>		Date of Receipt MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 5512 CANADA COURT		Transaction ID : SA11.3085266	
City ROCKWALL	State TX	Zip Code 75032-8411	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00 CONTRIBUTION	
Name of Employer CELANESE CHEMICAL CORPORATION	Occupation ATTORNEY		
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>C. MRS. KATHLEEN FOX</b>		Date of Receipt MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2207 KINGS PASS		Transaction ID : SA11.3085265	
City ROCKWALL	State TX	Zip Code 75032-5921	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00 CONTRIBUTION	
Name of Employer BRIGHTON COLLECTIBLES	Occupation SALES REPRESENTATIVE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

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

15020054885

**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 151
<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. JACK J. GIARRAPUTO**

Mailing Address **11601 WILSHIRE BLVD, STE. 2200**

City **LOS ANGELES** State **CA** Zip Code **90025-1758**

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 **2600.00**

Date of Receipt  
**10 / 28 / 2014**

Transaction ID : **SA11.3085269**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. MATTHEW E. MALOUF**

Mailing Address **3811 TURTLE CREEK BLVD.  
SUITE 1800**

City **DALLAS** State **TX** Zip Code **75219-4479**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**10 / 28 / 2014**

Transaction ID : **SA11.3085267**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. GWEN A. PARKER**

Mailing Address **6244 E. BERNIL LANE**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-1848**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**10 / 28 / 2014**

Transaction ID : **SA11.3085285**

Amount of Each Receipt this Period  
**5200.00**

CONTRIBUTION

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

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

**8800.00**

15020054886

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

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

FOR LINE NUMBER: PAGE 43 OF 151

(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)  
**MRS. GWEN A. PARKER**

Mailing Address **6244 E. BERNIL LANE**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-1848**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **10 / 28 / 2014**

Transaction ID : **SA11.3085285B**

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

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. GWEN A. PARKER**

Mailing Address **6244 E. BERNIL LANE**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-1848**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **10 / 28 / 2014**

Transaction ID : **SA11.3085287**

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

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**RENA M. PEDERSON**

Mailing Address **5806 OVER DOWNS DRIVE**

City **DALLAS** State **TX** Zip Code **75230-4043**

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

Name of Employer **S.M.U.** Occupation **JOURNALIST/EDUCATOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **10 / 28 / 2014**

Transaction ID : **SA11.3085268**

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

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**

**TOTAL** This Period (last page this line number only)..... **250.00**

15020054887

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 151
	<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) <b>MS. SUSAN E. RIDDLE</b>		Date of Receipt MM / DD / YYYY 10 / 28 / 2014
Mailing Address <b>6503 DELOACHE AVENUE</b>		Transaction ID : <b>SA11.3085277</b>
City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75225-2608</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>250.00</b>	
Name of Employer <b>INFORMATION REQUESTED PER BEST EFF</b>	Occupation <b>INFORMATION REQUESTED PER BEST EFF</b>	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>MR. ROGER T. STAUBACH</b>		Date of Receipt MM / DD / YYYY 10 / 28 / 2014
Mailing Address <b>5242 RAVINE DRIVE</b>		Transaction ID : <b>SA11.3085274</b>
City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75220-2260</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>5200.00</b>	
Name of Employer <b>JONES LANG LASALLE</b>	Occupation <b>REALTOR</b>	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5200.00</b>	

Full Name (Last, First, Middle Initial) <b>MR. ROGER T. STAUBACH</b>		Date of Receipt MM / DD / YYYY 10 / 28 / 2014
Mailing Address <b>5242 RAVINE DRIVE</b>		Transaction ID : <b>SA11.3085274B</b>
City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75220-2260</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>-2600.00</b>	
Name of Employer <b>JONES LANG LASALLE</b>	Occupation <b>REALTOR</b>	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5200.00</b>	<b>[MEMO ITEM] REDESIGNATION TO GENERAL</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

15020054888

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 151

<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. ROGER T. STAUBACH**

Mailing Address **5242 RAVINE DRIVE**

City **DALLAS** State **TX** Zip Code **75220-2260**

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

Name of Employer **JONES LANG LASALLE** Occupation **REALTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 28 / 2014**

Transaction ID : **SA11.3085283**

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

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MR. GENE A. WALLACE**

Mailing Address **4500 ROLAND AVENUE APT. 404**

City **DALLAS** State **TX** Zip Code **75219-1609**

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

Name of Employer **SAMCO CAPITAL** Occupation **BANKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 28 / 2014**

Transaction ID : **SA11.3085276**

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

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ARLEN YOMTOBIAN**

Mailing Address **1310 TOWER GROVE DR.**

City **BEVERLY HILLS** State **CA** Zip Code **90210-2138**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 28 / 2014**

Transaction ID : **SA11.3085271**

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

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

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

**5450.00**

15020054889

**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 46 OF 151
	<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. ARLEN YOMTOBIAN**

Mailing Address 1310 TOWER GROVE DR.

City State Zip Code  
BEVERLY HILLS CA 90210-2138

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2014

Transaction ID : SA11.3085271B

Amount of Each Receipt this Period  
-2600.00

CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ARLEN YOMTOBIAN**

Mailing Address 1310 TOWER GROVE DR.

City State Zip Code  
BEVERLY HILLS CA 90210-2138

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2014

Transaction ID : SA11.3085279

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL YOMTOBIAN**

Mailing Address 1310 TOWER GROVE DR.

City State Zip Code  
BEVERLY HILLS CA 90210-2138

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
ADVERTISE.COM, INC. C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2014

Transaction ID : SA11.3085272

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

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

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

5200.00

15020054890

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

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

FOR LINE NUMBER: PAGE 47 OF 151

(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. DANIEL YOMTOBIAN**

Mailing Address 1310 TOWER GROVE DR.

City State Zip Code  
BEVERLY HILLS CA 90210-2138

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
ADVERTISE.COM, INC. C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2014

Transaction ID : SA11.3085272B

Amount of Each Receipt this Period  
-2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL YOMTOBIAN**

Mailing Address 1310 TOWER GROVE DR.

City State Zip Code  
BEVERLY HILLS CA 90210-2138

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
ADVERTISE.COM, INC. C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2014

Transaction ID : SA11.3085281

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. GARRETT L. GERSON**

Mailing Address 327 S. LATIGO CYN. ROAD

City State Zip Code  
MALIBU CA 90265-2708

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
SANTA MONICA RESTAURANT ASSOC. PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2014

Transaction ID : SA11.3085291

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

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

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

2600.00

15020054891

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

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

FOR LINE NUMBER: PAGE 48 OF 151  
(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. MARC NATHANSON**

Mailing Address **9952 SANTA MONICA BLVD**

City **BEVERLY HILLS** State **CA** Zip Code **90212-1607**

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

Name of Employer **MAPLETON INVESTMENTS** Occupation **CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**10 / 31 / 2014**

Transaction ID : **SA11.3085290**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARC NATHANSON**

Mailing Address **9952 SANTA MONICA BLVD**

City **BEVERLY HILLS** State **CA** Zip Code **90212-1607**

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

Name of Employer **MAPLETON INVESTMENTS** Occupation **CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**10 / 31 / 2014**

Transaction ID : **SA11.3085290B**

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

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARC NATHANSON**

Mailing Address **9952 SANTA MONICA BLVD**

City **BEVERLY HILLS** State **CA** Zip Code **90212-1607**

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

Name of Employer **MAPLETON INVESTMENTS** Occupation **CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**10 / 31 / 2014**

Transaction ID : **SA11.3085297**

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**

15020054892



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 151
	(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

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. STEWART A. RESNICK**

Mailing Address **11444 W. OLYMPIC BLVD, FL-10**

City **LOS ANGELES** State **CA** Zip Code **90064-1549**

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

Name of Employer **ROLL GLOBAL, L.L.C.** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**10 / 31 / 2014**

Transaction ID : **SA11.3085288**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEWART A. RESNICK**

Mailing Address **11444 W. OLYMPIC BLVD, FL-10**

City **LOS ANGELES** State **CA** Zip Code **90064-1549**

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

Name of Employer **ROLL GLOBAL, L.L.C.** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**10 / 31 / 2014**

Transaction ID : **SA11.3085292**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. HARRY E. SLOAN**

Mailing Address **21255 BURBANK BLVD., STE. 250**

City **WOODLAND HILLS** State **CA** Zip Code **91367-6682**

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

Name of Employer **SILVER EAGLE ACQUISITION CORPORATION** Occupation **CHAIRMAN & C.E.O.**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**10 / 31 / 2014**

Transaction ID : **SA11.3085289**

Amount of Each Receipt this Period  
**5200.00**

CONTRIBUTION

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

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

**10400.00**

15020054893

**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 50 OF 151
	<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. HARRY E. SLOAN**

Mailing Address 21255 BURBANK BLVD., STE. 250

City: WOODLAND HILLS State: CA Zip Code: 91367-6682

FEC ID number of contributing federal political committee:  C

Name of Employer: SILVER EAGLE ACQUISITION CORPORATION Occupation: CHAIRMAN & C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 10 / 31 / 2014

Transaction ID : SA11.3085289B

Amount of Each Receipt this Period: -2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. HARRY E. SLOAN**

Mailing Address 21255 BURBANK BLVD., STE. 250

City: WOODLAND HILLS State: CA Zip Code: 91367-6682

FEC ID number of contributing federal political committee:  C

Name of Employer: SILVER EAGLE ACQUISITION CORPORATION Occupation: CHAIRMAN & C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 10 / 31 / 2014

Transaction ID : SA11.3085295

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. PATRICK J. DURKIN**

Mailing Address 132 E. 72ND ST.

City: NEW YORK State: NY Zip Code: 10021-4267

FEC ID number of contributing federal political committee:  C

Name of Employer: BARCLAYS Occupation: MANAGING DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 11 / 04 / 2014

Transaction ID : SA11.3085442

Amount of Each Receipt this Period: 2000.00

CONTRIBUTION

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

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

2000.00

15020054894

**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 51 OF 151
<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)  
**THE HON. THOMAS G. LOEFFLER**

Mailing Address **5200 KELLER SPRINGS STE. 825**

City **DALLAS** State **TX** Zip Code **75248-2746**

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

Name of Employer **AKIN GUMP** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt  
MM / DD / YYYY  
**11 / 07 / 2014**

Transaction ID : **SA11.3085301**

Amount of Each Receipt this Period  
**625.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN P. TATUM II**

Mailing Address **3800 BRYN MAWR DR**

City **DALLAS** State **TX** Zip Code **75225-7122**

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

Name of Employer **GENESCO SPORTS ENTERPRISES, INC.** Occupation **OWNER AND C.E.O.**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
MM / DD / YYYY  
**11 / 07 / 2014**

Transaction ID : **SA11.3085300**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN P. TATUM II**

Mailing Address **3800 BRYN MAWR DR**

City **DALLAS** State **TX** Zip Code **75225-7122**

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

Name of Employer **GENESCO SPORTS ENTERPRISES, INC.** Occupation **OWNER AND C.E.O.**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
MM / DD / YYYY  
**11 / 07 / 2014**

Transaction ID : **SA11.3085300B**

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).....

**5825.00**

15020054895

**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 151		
	<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. JOHN P. TATUM II**

Mailing Address **3800 BRYN MAWR DR**

City **DALLAS** State **TX** Zip Code **75225-7122**

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

Name of Employer **GENESCO SPORTS ENTERPRISES, INC.** Occupation **OWNER AND C.E.O.**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**11 / 07 / 2014**

Transaction ID : **SA11.3085322**

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

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LEE ANN TATUM**

Mailing Address **3800 BRYN MAWR DR**

City **DALLAS** State **TX** Zip Code **75225-7122**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**11 / 07 / 2014**

Transaction ID : **SA11.3085299**

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

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LEE ANN TATUM**

Mailing Address **3800 BRYN MAWR DR**

City **DALLAS** State **TX** Zip Code **75225-7122**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**11 / 07 / 2014**

Transaction ID : **SA11.3085299B**

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**

15020054896

**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 151

(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)  
**MRS. LEE ANN TATUM**

Mailing Address **3800 BRYN MAWR DR**

City **DALLAS** State **TX** Zip Code **75225-7122**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
**11 / 07 / 2014**

Transaction ID : **SA11.3085320**

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

**[MEMO ITEM]**  
 REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MR. FREDRIC D. ROSEN**

Mailing Address **685 STONE CANYON ROAD**

City **LOS ANGELES** State **CA** Zip Code **90077-2924**

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 **5200.00**

Date of Receipt  
**11 / 11 / 2014**

Transaction ID : **SA11.3085304**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. FREDRIC D. ROSEN**

Mailing Address **685 STONE CANYON ROAD**

City **LOS ANGELES** State **CA** Zip Code **90077-2924**

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 **5200.00**

Date of Receipt  
**11 / 11 / 2014**

Transaction ID : **SA11.3085304B**

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**

15020054897

**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 54 OF 151		
	<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. FREDRIC D. ROSEN**

Mailing Address **685 STONE CANYON ROAD**

City **LOS ANGELES** State **CA** Zip Code **90077-2924**

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 **5200.00**

Date of Receipt  
**11 / 11 / 2014**

Transaction ID : **SA11.3085328**

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

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MR. TERRY LYNN LEPRINO**

Mailing Address **2000 LITTLE RAVEN ST.**

City **DENVER** State **CO** Zip Code **80202-6120**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**11 / 13 / 2014**

Transaction ID : **SA11.3085308**

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

**C.** Full Name (Last, First, Middle Initial)  
**DR. OLIVER J. HARPER**

Mailing Address **7251 N. CENTRAL AVE.**

City **PHOENIX** State **AZ** Zip Code **85020-4850**

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  
**11 / 17 / 2014**

Transaction ID : **SA11.3085317**

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

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

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

**6200.00**

15020054898

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

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

FOR LINE NUMBER: PAGE 55 OF 151  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. OLIVER J. HARPER**

Mailing Address **7251 N. CENTRAL AVE.**

City **PHOENIX** State **AZ** Zip Code **85020-4850**

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  
MM / DD / YYYY  
**11 / 17 / 2014**

Transaction ID : **SA11.3085317B**

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

CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**DR. OLIVER J. HARPER**

Mailing Address **7251 N. CENTRAL AVE.**

City **PHOENIX** State **AZ** Zip Code **85020-4850**

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  
MM / DD / YYYY  
**11 / 17 / 2014**

Transaction ID : **SA11.3085330**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SHARON J. HARPER**

Mailing Address **7251 N. CENTRAL AVE.**

City **PHOENIX** State **AZ** Zip Code **85020-4850**

FEC ID number of contributing federal political committee.  C

Name of Employer **PLAZA COMPANIES** Occupation **C.E.O. & REAL ESTATE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
MM / DD / YYYY  
**11 / 17 / 2014**

Transaction ID : **SA11.3085314**

Amount of Each Receipt this Period  
**5200.00**

CONTRIBUTION

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

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

**5200.00**

15020054899

**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 56 OF 151
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 15	12 13a 13b 14

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SHARON J. HARPER**

Mailing Address **7251 N. CENTRAL AVE.**

City **PHOENIX** State **AZ** Zip Code **85020-4850**

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

Name of Employer **PLAZA COMPANIES** Occupation **C.E.O. & REAL ESTATE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 MM / DD / YYYY  
**11 / 17 / 2014**

Transaction ID : **SA11.3085314B**

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

CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SHARON J. HARPER**

Mailing Address **7251 N. CENTRAL AVE.**

City **PHOENIX** State **AZ** Zip Code **85020-4850**

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

Name of Employer **PLAZA COMPANIES** Occupation **C.E.O. & REAL ESTATE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 MM / DD / YYYY  
**11 / 17 / 2014**

Transaction ID : **SA11.3085332**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. RON A. OBER**

Mailing Address **10316 N. 50TH ST.**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-1047**

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

Name of Employer **POLICY DEVELOPMENT GROUP** Occupation **PUBLIC AFFAIRS**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 MM / DD / YYYY  
**11 / 17 / 2014**

Transaction ID : **SA11.3085316**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

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

Amount of Each Receipt this Period  
**1000.00**

15020054900



**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 151
	<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)  
**MRS. ANN P. SYMINGTON**

Mailing Address 5434 E. LINCOLN DR., #80

City State Zip Code  
PARADISE VALLEY AZ 85253-4118

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF-EMPLOYED RESTAURANTEUR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2014

Transaction ID : SA11.3085311

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ANN P. SYMINGTON**

Mailing Address 5434 E. LINCOLN DR., #80

City State Zip Code  
PARADISE VALLEY AZ 85253-4118

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF-EMPLOYED RESTAURANTEUR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2014

Transaction ID : SA11.3085311B

Amount of Each Receipt this Period

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ANN P. SYMINGTON**

Mailing Address 5434 E. LINCOLN DR., #80

City State Zip Code  
PARADISE VALLEY AZ 85253-4118

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF-EMPLOYED RESTAURANTEUR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2014

Transaction ID : SA11.3085324

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).....

15020054901

**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 58 OF 151
	<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. JOHN FIFE SYMINGTON III**

Mailing Address 5434 E. LINCOLN DR., #80

City State Zip Code  
PARADISE VALLEY AZ 85253-4118

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
THE SYMINGTON GROUP PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2014

Transaction ID : SA11.3085318

Amount of Each Receipt this Period  
5200.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN FIFE SYMINGTON III**

Mailing Address 5434 E. LINCOLN DR., #80

City State Zip Code  
PARADISE VALLEY AZ 85253-4118

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
THE SYMINGTON GROUP PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2014

Transaction ID : SA11.3085318B

Amount of Each Receipt this Period  
-2600.00  
CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN FIFE SYMINGTON III**

Mailing Address 5434 E. LINCOLN DR., #80

City State Zip Code  
PARADISE VALLEY AZ 85253-4118

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
THE SYMINGTON GROUP PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2014

Transaction ID : SA11.3085326

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

15020054902

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

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

FOR LINE NUMBER: PAGE 59 OF 151  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES R. WARREN JR.**

Mailing Address **P.O. BOX 17819**

City **HOLLADAY** State **UT** Zip Code **84117-0819**

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

Name of Employer **A.P.C.** Occupation **PUBLIC AFFAIRS**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
**11 / 17 / 2014**

Transaction ID : **SA11.3085315**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN S. NICHOLSON**

Mailing Address **210 CLOVERLY RD**

City **GROSSE POINTE FARMS** State **MI** Zip Code **48236-3317**

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

Name of Employer **PVS CHEMICALS** Occupation **VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
**12 / 01 / 2014**

Transaction ID : **SA11.3085342**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

SEE REATTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ALICIA A. NICHOLSON**

Mailing Address **210 CLOVERLY RD**

City **GROSSE POINTE FARMS** State **MI** Zip Code **48236-3317**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
**12 / 01 / 2014**

Transaction ID : **SA11.3085498**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

[MEMO ITEM]  
 REATTRIBUTION FROM SPOUSE

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

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

**7600.00**

15020054903

**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 151	
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF JOHN MCCAIN, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN S. NICHOLSON**

Mailing Address **210 CLOVERLY RD**

City **GROSSE POINTE FARMS** State **MI** Zip Code **48236-3317**

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

Name of Employer **PVS CHEMICALS** Occupation **VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
**12 / 01 / 2014**

Transaction ID : **SA11.3085342B**

Amount of Each Receipt this Period  
**-2500.00**  
 CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**MR. TIMOTHY F. NICHOLSON**

Mailing Address **4 WOODLAND PL**

City **GROSSE POINTE** State **MI** Zip Code **48230-1920**

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

Name of Employer **PVS CHEMICALS** Occupation **VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
**12 / 01 / 2014**

Transaction ID : **SA11.3085341**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

**SEE REATTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. STEPHANIE J. NICHOLSON**

Mailing Address **4 WOODLAND PL**

City **GROSSE POINTE** State **MI** Zip Code **48230-1920**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
**12 / 01 / 2014**

Transaction ID : **SA11.3085500**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION FROM SPOUSE**

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

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

**5000.00**

15020054904

**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 151

<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. TIMOTHY F. NICHOLSON**

Mailing Address **4 WOODLAND PL**

City **GROSSE POINTE** State **MI** Zip Code **48230-1920**

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

Name of Employer **PVS CHEMICALS** Occupation **VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
**12 / 01 / 2014**

Transaction ID : **SA11.3085341B**

Amount of Each Receipt this Period  
**-2500.00**  
 CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**AMBASSADOR ALFRED HOFFMAN JR.**

Mailing Address **12530 SEMINOLE BEACH ROAD**

City **NORTH PALM BEACH** State **FL** Zip Code **33408-2534**

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  
**12 / 04 / 2014**

Transaction ID : **SA11.3085365**

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

**C.** Full Name (Last, First, Middle Initial)  
**AMBASSADOR ALFRED HOFFMAN JR.**

Mailing Address **12530 SEMINOLE BEACH ROAD**

City **NORTH PALM BEACH** State **FL** Zip Code **33408-2534**

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  
**12 / 04 / 2014**

Transaction ID : **SA11.3085365B**

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**

15020054905

**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 151
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**AMBASSADOR ALFRED HOFFMAN JR.**

Mailing Address 12530 SEMINOLE BEACH ROAD

City	State	Zip Code
NORTH PALM BEACH	FL	33408-2534

FEC ID number of contributing federal political committee.   C

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  

MM	DD	YYYY
12	04	2014

Transaction ID : SA11.3085370

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MRS. DAWN HOFFMAN**

Mailing Address 12530 SEMINOLE BEACH ROAD

City	State	Zip Code
NORTH PALM BEACH	FL	33408-2534

FEC ID number of contributing federal political committee.   C

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  

MM	DD	YYYY
12	04	2014

Transaction ID : SA11.3085364

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. DAWN HOFFMAN**

Mailing Address 12530 SEMINOLE BEACH ROAD

City	State	Zip Code
NORTH PALM BEACH	FL	33408-2534

FEC ID number of contributing federal political committee.   C

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  

MM	DD	YYYY
12	04	2014

Transaction ID : SA11.3085364B

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

15020054906

**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 151

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS. DAWN HOFFMAN**

Mailing Address **12530 SEMINOLE BEACH ROAD**

City **NORTH PALM BEACH** State **FL** Zip Code **33408-2534**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  

MM	DD	YYYY
12	04	2014

Transaction ID : **SA11.3085368**

Amount of Each Receipt this Period  

2600.00
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**CONTRIBUTION**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MS. FRANCES ANN 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 **THE UNIVERSITY OF ARIZONA** Occupation **RETIRED CHEMISTRY PROFESSOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  

MM	DD	YYYY
12	04	2014

Transaction ID : **SA11.3085456**

Amount of Each Receipt this Period  

50.00
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**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MR. CESAR L. ALVAREZ**

Mailing Address **333 SE 2ND AVE., 4TH FLOOR**

City **MIAMI** State **FL** Zip Code **33131-2176**

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

Name of Employer **GREENBERG TRAUIG** Occupation **EXECUTIVE CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  

MM	DD	YYYY
12	08	2014

Transaction ID : **SA11.3085382**

Amount of Each Receipt this Period  

1110.23
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**CONTRIBUTION**

**IN-KIND: FACILITY RENTAL/CATERING**

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

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

Amount of Each Receipt this Period  

1160.23
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15020054907

**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 12     11b 13a     11c 13b     11d 14     15  
 PAGE 64 OF 151

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

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

Mailing Address 2743 NE 30TH ST.

City State Zip Code  
FT LAUDERDALE FL 33306-1755

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
GUNSTER LAW FIRM ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085383

Amount of Each Receipt this Period

CONTRIBUTION

IN-KIND: PHOTOGRAPHY

**B.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE LEMIEUX**

Mailing Address 2743 NE 30TH ST.

City State Zip Code  
FT LAUDERDALE FL 33306-1755

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
GUNSTER LAW FIRM ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085384

Amount of Each Receipt this Period

CONTRIBUTION

IN-KIND: CATERING

**C.** Full Name (Last, First, Middle Initial)  
**MR. CESAR L. ALVAREZ**

Mailing Address 333 SE 2ND AVE., 4TH FLOOR

City State Zip Code  
MIAMI FL 33131-2176

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
GREENBERG TRAUIG EXECUTIVE CHAIRMAN

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085400

Amount of Each Receipt this Period

CONTRIBUTION

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

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

15020054908



**SCHEDULE A (FEC Form 3)**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 OF 151

<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. CESAR L. ALVAREZ**

Mailing Address **333 SE 2ND AVE., 4TH FLOOR**

City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33131-2176</b>
----------------------	--------------------	-------------------------------

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

Name of Employer <b>GREENBERG TRAUIG</b>	Occupation <b>EXECUTIVE CHAIRMAN</b>
---	---

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date <b>5000.00</b>
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Date of Receipt  

MM	DD	YYYY
12	10	2014

Transaction ID : **SA11.3085400B**

Amount of Each Receipt this Period  

<b>-2400.00</b>
-----------------

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. CESAR L. ALVAREZ**

Mailing Address **333 SE 2ND AVE., 4TH FLOOR**

City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33131-2176</b>
----------------------	--------------------	-------------------------------

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

Name of Employer <b>GREENBERG TRAUIG</b>	Occupation <b>EXECUTIVE CHAIRMAN</b>
---	---

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date <b>5000.00</b>
--

Date of Receipt  

MM	DD	YYYY
12	10	2014

Transaction ID : **SA11.3085420**

Amount of Each Receipt this Period  

<b>2400.00</b>
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CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. BRADY J. COBB**

Mailing Address **1101 SE 6TH ST.**

City <b>FORT LAUDERDALE</b>	State <b>FL</b>	Zip Code <b>33301-3013</b>
--------------------------------	--------------------	-------------------------------

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

Name of Employer <b>TRIPP SCOTT</b>	Occupation <b>ATTORNEY</b>
--	-------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date <b>1000.00</b>
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Date of Receipt  

MM	DD	YYYY
12	10	2014

Transaction ID : **SA11.3085412**

Amount of Each Receipt this Period  

<b>1000.00</b>
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CONTRIBUTION

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

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

<b>1000.00</b>
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15020054909

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

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

FOR LINE NUMBER: PAGE 66 OF 151  
(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. SAMUEL A. COFFEY**

Mailing Address 116 SE 11TH AVE.

City State Zip Code  
FORT LAUDERDALE FL 33301-2062

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ABRAMOWITZ, POMERANZ & COFFEY ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085397

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. P. J. DONNELLY**

Mailing Address 333 LAS OLAS WAY #4207

City State Zip Code  
FORT LAUDERDALE FL 33301-2394

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CASTLE GROUP C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085393

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. J. LEON ELLMAN**

Mailing Address 2824 NE 29TH STREET

City State Zip Code  
FORT LAUDERDALE FL 33306-1919

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085394

Amount of Each Receipt this Period

CONTRIBUTION

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

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

15020054910

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

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

FOR LINE NUMBER:  
(check only one)

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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. JUDAH H. EVER**

Mailing Address **500 E. BROWARD BLVD, STE. 850**

City <b>FORT LAUDERDALE</b>	State <b>FL</b>	Zip Code <b>33394-3008</b>
--------------------------------	--------------------	-------------------------------

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

Name of Employer <b>EVER &amp; COMPANY</b>	Occupation <b>C.P.A.</b>
---	-----------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
12 / 10 / 2014		

**Transaction ID : SA11.3085415**

Amount of Each Receipt this Period  

CONTRIBUTION	1000.00
--------------	---------

**B.** Full Name (Last, First, Middle Initial)  
**DR. MIGUEL B. FERNANDEZ**

Mailing Address **121 ALHAMBRA PLAZA SUITE 1100**

City <b>CORAL GABLES</b>	State <b>FL</b>	Zip Code <b>33134-4522</b>
-----------------------------	--------------------	-------------------------------

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

Name of Employer <b>MBF HEALTHCARE PARTNERS</b>	Occupation <b>PHYSICIAN</b>
--	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
12 / 10 / 2014		

**Transaction ID : SA11.3085411**

Amount of Each Receipt this Period  

CONTRIBUTION	5000.00
--------------	---------

**C.** Full Name (Last, First, Middle Initial)  
**DR. MIGUEL B. FERNANDEZ**

Mailing Address **121 ALHAMBRA PLAZA SUITE 1100**

City <b>CORAL GABLES</b>	State <b>FL</b>	Zip Code <b>33134-4522</b>
-----------------------------	--------------------	-------------------------------

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

Name of Employer <b>MBF HEALTHCARE PARTNERS</b>	Occupation <b>PHYSICIAN</b>
--	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
12 / 10 / 2014		

**Transaction ID : SA11.3085411B**

Amount of Each Receipt this Period  

CONTRIBUTION	-2500.00
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**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

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

6000.00
---------

15020054911

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

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

FOR LINE NUMBER: PAGE 68 OF 151  
(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)  
**DR. MIGUEL B. FERNANDEZ**

Mailing Address **121 ALHAMBRA PLAZA**  
**SUITE 1100**

City **CORAL GABLES** State **FL** Zip Code **33134-4522**

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

Name of Employer **MBF HEALTHCARE PARTNERS** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
**12 / 10 / 2014**

Transaction ID : **SA11.3085424**

Amount of Each Receipt this Period  
**2500.00**  
CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MRS. PEARL C. GOODMAN**

Mailing Address **1745 S.E. 10TH STREET**

City **FORT LAUDERDALE** State **FL** Zip Code **33316-1423**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**12 / 10 / 2014**

Transaction ID : **SA11.3085404**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. JONATHAN K. HAGE**

Mailing Address **2841 NE 38TH STREET**

City **FORT LAUDERDALE** State **FL** Zip Code **33308-5825**

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

Name of Employer **SELF-EMPLOYED** Occupation **PRESIDENT & CHIEF EXECUTIVE OFFICER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**12 / 10 / 2014**

Transaction ID : **SA11.3085402**

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**

15020054912

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 151
	<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. KENNETH J. HAIKO**

Mailing Address 4145 CYPRESS REACH COURT #505

City State Zip Code  
POMPANO BEACH FL 33069-6539

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SUN CONTAINER, INC. SALES REPRESENTATIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085406

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. HANNES HUNSCHOFSKY**

Mailing Address 9976 NW 64TH COURT

City State Zip Code  
PARKLAND FL 33076-2318

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HOERBIGER MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085398

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMBASSADOR ERIC M. JAVITS**

Mailing Address 150 BRADLEY PLACE #407

City State Zip Code  
PALM BEACH FL 33480-3836

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Transaction ID : SA11.3085396

Amount of Each Receipt this Period

CONTRIBUTION

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

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

15020054913

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 OF 151

<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. MANUEL KADRE**

Mailing Address **220 ALHAMBRA CIRCLE  
SUITE 304**

City **CORAL GABLES** State **FL** Zip Code **33134-5174**

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

Name of Employer **MBB AUTO LLC** Occupation **VICE PRESIDENT AND GENERAL COUNSEL**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
MM / DD / YYYY  
**12 / 10 / 2014**

Transaction ID : **SA11.3085391**

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

**B.** Full Name (Last, First, Middle Initial)  
**MRS. BELINDA KEISER**

Mailing Address **6069 NW 87TH AVENUE**

City **PARKLAND** State **FL** Zip Code **33067-5002**

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

Name of Employer **KEISER UNIVERSITY** Occupation **VICE CHANCELLOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
MM / DD / YYYY  
**12 / 10 / 2014**

Transaction ID : **SA11.3085403**

Amount of Each Receipt this Period  
**2500.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. EARLE I. MACK**

Mailing Address **1950 SOUTH OCEAN BLVD.**

City **PALM BEACH** State **FL** Zip Code **33480-5100**

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  
**12 / 10 / 2014**

Transaction ID : **SA11.3085401**

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

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

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

**7700.00**

15020054914

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 151
	<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. ROBERT E. NEDERLANDER**

Mailing Address **270 KAWAMA LN**

City <b>PALM BEACH</b>	State <b>FL</b>	Zip Code <b>33480-3615</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>THE NEDERLANDER COMPANY</b>	Occupation <b>PRESIDENT</b>
--	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3600.00**

Date of Receipt  
 MM / DD / YYYY  
**12 / 10 / 2014**

Transaction ID : **SA11.3085405**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT E. NEDERLANDER**

Mailing Address **270 KAWAMA LN**

City <b>PALM BEACH</b>	State <b>FL</b>	Zip Code <b>33480-3615</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>THE NEDERLANDER COMPANY</b>	Occupation <b>PRESIDENT</b>
--	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3600.00**

Date of Receipt  
 MM / DD / YYYY  
**12 / 10 / 2014**

Transaction ID : **SA11.3085405B**

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

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT E. NEDERLANDER**

Mailing Address **270 KAWAMA LN**

City <b>PALM BEACH</b>	State <b>FL</b>	Zip Code <b>33480-3615</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>THE NEDERLANDER COMPANY</b>	Occupation <b>PRESIDENT</b>
--	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3600.00**

Date of Receipt  
 MM / DD / YYYY  
**12 / 10 / 2014**

Transaction ID : **SA11.3085495**

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

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

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

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

**2600.00**

15020054915

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 151
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOEL NEWMAN**

Mailing Address **355 OCEAN BLVD**

City **GOLDEN BEACH** State **FL** Zip Code **33160-**

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

Name of Employer **CRAIG ELECTRONICS** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
**12 / 10 / 2014**

Transaction ID : **SA11.3085408**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOEL NEWMAN**

Mailing Address **355 OCEAN BLVD**

City **GOLDEN BEACH** State **FL** Zip Code **33160-**

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

Name of Employer **CRAIG ELECTRONICS** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
**12 / 10 / 2014**

Transaction ID : **SA11.3085408B**

Amount of Each Receipt this Period  
**-2500.00**  
 CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOEL NEWMAN**

Mailing Address **355 OCEAN BLVD**

City **GOLDEN BEACH** State **FL** Zip Code **33160-**

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

Name of Employer **CRAIG ELECTRONICS** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
**12 / 10 / 2014**

Transaction ID : **SA11.3085422**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

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

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

**5000.00**

15020054916



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

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

FOR LINE NUMBER: PAGE 73 OF 151  
(check only one)  
 11a  
 11b  
 11c  
 11d  
 12  
 13a  
 13b  
 14  
 15

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

**A.** Full Name (Last, First, Middle Initial)  
**MS. CRISTINA PEREYRA**

Mailing Address **11905 SW 66TH AVE.**

City **PINECREST** State **FL** Zip Code **33156-**

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

Name of Employer **JAMS LEGAL SERVICES** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
**12 / 10 / 2014**

Transaction ID : **SA11.3085409**

Amount of Each Receipt this Period  
**5000.00**

**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MS. CRISTINA PEREYRA**

Mailing Address **11905 SW 66TH AVE.**

City **PINECREST** State **FL** Zip Code **33156-**

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

Name of Employer **JAMS LEGAL SERVICES** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
**12 / 10 / 2014**

Transaction ID : **SA11.3085409B**

Amount of Each Receipt this Period  
**-2500.00**

**CONTRIBUTION**

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MS. CRISTINA PEREYRA**

Mailing Address **11905 SW 66TH AVE.**

City **PINECREST** State **FL** Zip Code **33156-**

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

Name of Employer **JAMS LEGAL SERVICES** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
**12 / 10 / 2014**

Transaction ID : **SA11.3085432**

Amount of Each Receipt this Period  
**2500.00**

**CONTRIBUTION**

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

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

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

**5000.00**

15020054917

**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 74 OF 151
	<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. EDWARD J. POZZUOLI**

Mailing Address **2613 DATURA CT**

City **FORT LAUDERDALE** State **FL** Zip Code **33301-2723**

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

Name of Employer **TRIPP SCOTT** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 MM / DD / YYYY  
**12 / 10 / 2014**

Transaction ID : **SA11.3085414**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARTIN R. PRESS**

Mailing Address **10921 CANARY ISLAND COURT**

City **PLANTATION** State **FL** Zip Code **33324-8201**

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

Name of Employer **GUNSTER YOAKLEY** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 MM / DD / YYYY  
**12 / 10 / 2014**

Transaction ID : **SA11.3085390**

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

**C.** Full Name (Last, First, Middle Initial)  
**MS. KATHLEEN ANN RYAN**

Mailing Address **3341 POINCIANA AVENUE**

City **COCONUT GROVE** State **FL** Zip Code **33133-**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 MM / DD / YYYY  
**12 / 10 / 2014**

Transaction ID : **SA11.3085410**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

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

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

**7000.00**

15020054918

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

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

FOR LINE NUMBER: PAGE 75 OF 151

(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)  
**MS. KATHLEEN ANN RYAN**

Mailing Address **3341 POINCIANA AVENUE**

City **COCONUT GROVE** State **FL** Zip Code **33133-**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 MM / DD / YYYY  
**12 / 10 / 2014**

Transaction ID : **SA11.3085410B**

Amount of Each Receipt this Period  
**-2500.00**  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MS. KATHLEEN ANN RYAN**

Mailing Address **3341 POINCIANA AVENUE**

City **COCONUT GROVE** State **FL** Zip Code **33133-**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 MM / DD / YYYY  
**12 / 10 / 2014**

Transaction ID : **SA11.3085426**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JUSTIN SAYFIE**

Mailing Address **450 E. LAS OLAS BLVD. STE. 700**

City **FORT LAUDERDALE** State **FL** Zip Code **33301-2223**

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

Name of Employer **BLOSSER AND SAYFIE** Occupation **COUNSELORS AT LAW**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 MM / DD / YYYY  
**12 / 10 / 2014**

Transaction ID : **SA11.3085395**

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**

15020054919

**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 76 OF 151
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>TERRY W. STILES</b>		Date of Receipt MM / DD / YYYY 12 / 10 / 2014
Mailing Address 301 E. LOS OLAS BLVD.		Transaction ID : SA11.3085407
City FORT LAUDERDALE	State FL	Zip Code 33301-2295
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period CONTRIBUTION 1000.00	
Name of Employer STILES CORPORATION	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 1000.00	

Full Name (Last, First, Middle Initial) <b>MR. JACK CRAWFORD TAYLOR</b>		Date of Receipt MM / DD / YYYY 12 / 10 / 2014
Mailing Address 35 HUNTER AVENUE		Transaction ID : SA11.3085399
City SAINT LOUIS	State MO	Zip Code 63124-2008
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period CONTRIBUTION 2600.00	
Name of Employer ENTERPRISE RENT-A-CAR	Occupation FOUNDER	
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. SCOTT VERNER</b>		Date of Receipt MM / DD / YYYY 12 / 10 / 2014
Mailing Address 8146 EMERALD AVENUE		Transaction ID : SA11.3085392
City PARKLAND	State FL	Zip Code 33076-4429
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period CONTRIBUTION 2600.00	
Name of Employer NIPRO DIAGNOSTICS	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 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6200.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020054920

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

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

FOR LINE NUMBER: PAGE 77 OF 151  
(check only one)  
 11a  
 11b  
 11c  
 11d  
 15

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. ALFRED ZUCARO**

Mailing Address **561 GOLDEN HARBOUR DR.**

City **BOCA RATON** State **FL** Zip Code **33432-2941**

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  
 M M / D D / Y Y Y Y  
**12 / 10 / 2014**

Transaction ID : **SA11.3085413**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD J. ROBSON**

Mailing Address **9532 E. RIGGS ROAD**

City **SUN LAKES** State **AZ** Zip Code **85248-7463**

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

Name of Employer **ROBSON COMMUNITIES** Occupation **HOMEBUILDER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 11 / 2014**

Transaction ID : **SA11.3085418**

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

SEE REATTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD J. ROBSON**

Mailing Address **9532 E. RIGGS ROAD**

City **SUN LAKES** State **AZ** Zip Code **85248-7463**

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

Name of Employer **ROBSON COMMUNITIES** Occupation **HOMEBUILDER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 11 / 2014**

Transaction ID : **SA11.3085418B**

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

**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

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

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

**6200.00**

15020054921

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

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

FOR LINE NUMBER: PAGE 78 OF 151

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD J. ROBSON**

Mailing Address **9532 E. RIGGS ROAD**

City <b>SUN LAKES</b>	State <b>AZ</b>	Zip Code <b>85248-7463</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>ROBSON COMMUNITIES</b>	Occupation <b>HOMEBUILDER</b>
---	----------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  

MM	DD	YYYY
12	11	2014

Transaction ID : **SA11.3085428B**

Amount of Each Receipt this Period  

-2600.00
----------

**CONTRIBUTION**

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD J. ROBSON**

Mailing Address **9532 E. RIGGS ROAD**

City <b>SUN LAKES</b>	State <b>AZ</b>	Zip Code <b>85248-7463</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>ROBSON COMMUNITIES</b>	Occupation <b>HOMEBUILDER</b>
---	----------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  

MM	DD	YYYY
12	11	2014

Transaction ID : **SA11.3085430**

Amount of Each Receipt this Period  

2600.00
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**CONTRIBUTION**

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MICHELLE ROBSON**

Mailing Address **9532 E. RIGGS RD**

City <b>SUN LAKES</b>	State <b>AZ</b>	Zip Code <b>85248-7463</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>INFORMATION REQUESTED PER BEST EFF</b>	Occupation <b>INFORMATION REQUESTED PER BEST EFF</b>
---	---

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

MM	DD	YYYY
12	11	2014

Transaction ID : **SA11.3085427**

Amount of Each Receipt this Period  

1000.00
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**CONTRIBUTION**

**[MEMO ITEM]**  
**REATTRIBUTION FROM SPOUSE**

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

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

0.00

15020054922

**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  
 15

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

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

Mailing Address P.O. BOX 888

City: PHOENIX State: AZ Zip Code: 85001-0888

FEC ID number of contributing federal political committee:  C

Name of Employer: ARIZONA CARDINALS FOOTBALL CLUB Occupation: EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: MM / DD / YYYY  
12 / 17 / 2014

Transaction ID : SA11.3085435

Amount of Each Receipt this Period  
5200.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 888

City: PHOENIX State: AZ Zip Code: 85001-0888

FEC ID number of contributing federal political committee:  C

Name of Employer: ARIZONA CARDINALS FOOTBALL CLUB Occupation: EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: MM / DD / YYYY  
12 / 17 / 2014

Transaction ID : SA11.3085435B

Amount of Each Receipt this Period  
-2600.00  
CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION TO GENERAL

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

Mailing Address P.O. BOX 888

City: PHOENIX State: AZ Zip Code: 85001-0888

FEC ID number of contributing federal political committee:  C

Name of Employer: ARIZONA CARDINALS FOOTBALL CLUB Occupation: EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: MM / DD / YYYY  
12 / 17 / 2014

Transaction ID : SA11.3085437

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)..... 5200.00

15020054923

**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 80 OF 151
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**WILLA RAO-ZUBERI**

Mailing Address 10166 RUSH ST.

City EL MONTE State CA Zip Code 91733-3224

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

Name of Employer C.A.I. INDUSTRIES Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2014

Transaction ID : SA11.3085450

Amount of Each Receipt this Period  
 5200.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLA RAO-ZUBERI**

Mailing Address 10166 RUSH ST.

City EL MONTE State CA Zip Code 91733-3224

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

Name of Employer C.A.I. INDUSTRIES Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2014

Transaction ID : SA11.3085450B

Amount of Each Receipt this Period  
 -2600.00  
 CONTRIBUTION

**[MEMO ITEM]**  
 REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**WILLA RAO-ZUBERI**

Mailing Address 10166 RUSH ST.

City EL MONTE State CA Zip Code 91733-3224

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

Name of Employer C.A.I. INDUSTRIES Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2014

Transaction ID : SA11.3085459

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

15020054924



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 151
	<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.**

Full Name (Last, First, Middle Initial)  
**MS. FRANCES ANN ANN WALKER**

Mailing Address **5920 N. CAMINO PADRE ISIDORO**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2014

Transaction ID : **SA11.3085457**

City State Zip Code  
**TUCSON AZ 85718-4032**

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

Amount of Each Receipt this Period

50.00
-------

CONTRIBUTION

Name of Employer Occupation  
**THE UNIVERSITY OF ARIZONA RETIRED CHEMISTRY PROFESSOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

450.00
--------

Full Name (Last, First, Middle Initial)  
**MRS. BARBARA M. BEZDOS**

Mailing Address **3847 WABEEK LAKE DRIVE W.**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2014

Transaction ID : **SA11.3085461**

City State Zip Code  
**BLOOMFIELD HILLS MI 48302-1279**

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

Amount of Each Receipt this Period

2600.00
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CONTRIBUTION

Name of Employer Occupation  
**HOMEMAKER HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

2600.00
---------

Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER W. RUDDY**

Mailing Address **560 VILLAGE BLVD, STE. 120**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2014

Transaction ID : **SA11.3085440**

City State Zip Code  
**WEST PALM BEACH FL 33409-1945**

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

Amount of Each Receipt this Period

2600.00
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CONTRIBUTION

Name of Employer Occupation  
**NEWSMAX MEDIA, INC. C.E.O.**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

2600.00
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**SUBTOTAL** of Receipts This Page (optional).....

5250.00
367128.63

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

15020054925

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

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

FOR LINE NUMBER: PAGE 82 OF 151

(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**HILTON WORLDWIDE PAC**

A. Mailing Address **7930 JONES BRANCH DR., STE. 1100**

City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22102-3388</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00213074**

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  

MM	DD	YYYY
10	08	2014

Transaction ID : **SA11.3085153**

Amount of Each Receipt this Period  

2500.00
---------

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**CASTLEPAC L.L.C.**

B. Mailing Address **P.O. BOX 133**

City <b>WILMINGTON</b>	State <b>DE</b>	Zip Code <b>19899-0133</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00254938**

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

MM	DD	YYYY
10	20	2014

Transaction ID : **SA11.3085187**

Amount of Each Receipt this Period  

1000.00
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CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**GOLDMAN SACHS GROUP, INC. PAC**

C. Mailing Address **101 CONSTITUTION AVE. NW, STE. 100**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20001-2171</b>
---------------------------	--------------------	-------------------------------

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  
**4000.00**

Date of Receipt  

MM	DD	YYYY
10	20	2014

Transaction ID : **SA11.3085186**

Amount of Each Receipt this Period  

2000.00
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CONTRIBUTION

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

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

**5500.00**

15020054926

**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 83 OF 151
	<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)  
**SOUTHWEST AIRLINES CO. FREEDOM FUND**

Mailing Address **P.O. BOX 36611**

City **DALLAS** State **TX** Zip Code **75235-1611**

FEC ID number of contributing federal political committee. **C00341602**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 22 / 2014**

Transaction ID : **SA11.3085230**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AKIN GUMP STRAUSS HAUER & FELD, LLP PAC**

Mailing Address **1333 NEW HAMPSHIRE AVE. NW**

City **WASHINGTON** State **DC** Zip Code **20036-1500**

FEC ID number of contributing federal political committee. **C00104901**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **1875.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 07 / 2014**

Transaction ID : **SA11.3085302**

Amount of Each Receipt this Period  
**1875.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RAYTHEON PAC**

Mailing Address **1100 WILSON BOULEVARD, SUITE 1500**

City **ARLINGTON** State **VA** Zip Code **22209-3900**

FEC ID number of contributing federal political committee. **C00097568**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 11 / 2014**

Transaction ID : **SA11.3085303**

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

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

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

**5375.00**

15020054927

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 84 OF 151	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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)  
**SCHOSTAK FAMILY FEDERAL PAC**

Mailing Address 17800 N. LAUREL PARK DR., STE. 200

City: **LIVONIA** State: **MI** Zip Code: **48152-3985**

FEC ID number of contributing federal political committee: **C00458406**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: **2600.00**

Date of Receipt: **11 / 13 / 2014**

Transaction ID : **SA11.3085309**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RIO TINTO AMERICA, INC. PAC**

Mailing Address 4700 W. DAYBREAK PKWY.

City: **SOUTH JORDAN** State: **UT** Zip Code: **84095-5120**

FEC ID number of contributing federal political committee: **C00243675**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: **7500.00**

Date of Receipt: **11 / 21 / 2014**

Transaction ID : **SA11.3085339**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RIO TINTO AMERICA, INC. PAC**

Mailing Address 4700 W. DAYBREAK PKWY.

City: **SOUTH JORDAN** State: **UT** Zip Code: **84095-5120**

FEC ID number of contributing federal political committee: **C00243675**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: **7500.00**

Date of Receipt: **11 / 21 / 2014**

Transaction ID : **SA11.3085339B**

Amount of Each Receipt this Period  
**-2500.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

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

**5100.00**

15020054928

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

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

FOR LINE NUMBER: PAGE 85 OF 151  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<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)  
**RIO TINTO AMERICA, INC. PAC**

Mailing Address **4700 W. DAYBREAK PKWY.**

City <b>SOUTH JORDAN</b>	State <b>UT</b>	Zip Code <b>84095-5120</b>
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FEC ID number of contributing federal political committee. **C C00243675**

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7500.00**

Date of Receipt  

MM	DD	YYYY
11	21	2014

Transaction ID : **SA11.3085381**

Amount of Each Receipt this Period  

2500.00
---------

**CONTRIBUTION**

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**RELY ON YOUR BELIEFS FUND (ROY B FUND)**

Mailing Address **209 PENNSYLVANIA AVE SE**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003-1107</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00344648**

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  

MM	DD	YYYY
11	24	2014

Transaction ID : **SA11.3085340**

Amount of Each Receipt this Period  

5000.00
---------

**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**FUND FOR AMERICA'S FUTURE**

Mailing Address **P.O. BOX 1373**

City <b>COLUMBIA</b>	State <b>SC</b>	Zip Code <b>29202-1373</b>
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FEC ID number of contributing federal political committee. **C C00388934**

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  

MM	DD	YYYY
12	08	2014

Transaction ID : **SA11.3085375**

Amount of Each Receipt this Period  

2500.00
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**CONTRIBUTION**

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

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

**7500.00**

1520054929

**SCHEDULE A (FEC Form 3)**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 86 OF 151

(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF GEORGE LEMIEUX**

Mailing Address **2640A MITCHAM DR.**

City **TALLAHASSEE** State **FL** Zip Code **32308-5400**

FEC ID number of contributing federal political committee. **C00494971**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 10 / 2014**

Transaction ID : **SA11.3085417**

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

**B.** Full Name (Last, First, Middle Initial)  
**AUTONATION PAC**

Mailing Address **200 SW 1ST AVE., FL-14**

City **FT LAUDERDALE** State **FL** Zip Code **33301-2074**

FEC ID number of contributing federal political committee. **C00330514**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 10 / 2014**

Transaction ID : **SA11.3085416**

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

**C.** Full Name (Last, First, Middle Initial)  
**BCBS OF AZ HEALTHY GOV'T CMTE PAC**

Mailing Address **P.O. BOX 13466**

City **PHOENIX** State **AZ** Zip Code **85002-3466**

FEC ID number of contributing federal political committee. **C00215202**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 15 / 2014**

Transaction ID : **SA11.3085434**

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

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

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

**5600.00**

15020054930

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 151
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial)  
**ALAMO PAC**

Mailing Address **919 CONGRESS AVE., STE. 1400**

City State Zip Code  
**AUSTIN TX 78701-2102**

FEC ID number of contributing federal political committee. **C C00387464**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 22 / 2014**  
 Transaction ID : **SA11.3085441**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

**5000.00**  
**34075.00**

15020054931

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

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

FOR LINE NUMBER: PAGE 88 OF 151

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address **10300 W THUNDERBIRD BLVD**

City **SUN CITY** State **AZ** Zip Code **85351**

FEC ID number of contributing federal political committee.  C

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **1321.75**

Date of Receipt  
 MM / DD / YYYY  
**10 / 31 / 2014**

Transaction ID : **SA15.129**

Amount of Each Receipt this Period  
**10.70**

**INTEREST EARNINGS**

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

Mailing Address **10300 W THUNDERBIRD BLVD**

City **SUN CITY** State **AZ** Zip Code **85351**

FEC ID number of contributing federal political committee.  C

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **1321.75**

Date of Receipt  
 MM / DD / YYYY  
**11 / 30 / 2014**

Transaction ID : **SA15.130**

Amount of Each Receipt this Period  
**7.25**

**INTEREST EARNINGS**

**C.** Full Name (Last, First, Middle Initial)  
**CAMPAIGN SOLUTIONS**

Mailing Address **117 N ST ASAPH ST**

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

FEC ID number of contributing federal political committee.  C

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **333464.84**

Date of Receipt  
 MM / DD / YYYY  
**12 / 13 / 2014**

Transaction ID : **SA15.132**

Amount of Each Receipt this Period  
**273687.24**

**LIST RENTAL INCOME**

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

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

**273705.19**

15020054932



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

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

FOR LINE NUMBER: PAGE 89 OF 151  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**CAMPAIGN SOLUTIONS**

Mailing Address **117 N ST ASAPH ST**

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

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **333464.84**

Date of Receipt **12 / 17 / 2014**

Transaction ID : **SA15.133**

Amount of Each Receipt this Period **59777.60**

**LIST RENTAL INCOME**

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

Mailing Address **10300 W THUNDERBIRD BLVD**

City **SUN CITY** State **AZ** Zip Code **85351**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1321.75**

Date of Receipt **12 / 31 / 2014**

Transaction ID : **SA15.131**

Amount of Each Receipt this Period **8.99**

**INTEREST EARNINGS**

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... **59786.59**

**TOTAL** This Period (last page this line number only)..... **333491.78**

15020054933

**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. EUDY COMPANY**

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:

Date of Disbursement  
MM / DD / YYYY  
10 / 01 / 2014

Amount of Each Disbursement this Period  
5540.50

Transaction ID : SB17.91

Category/Type

**B. AMTRAK**

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

Mailing Address PO BOX 2464

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
10 / 01 / 2014

Amount of Each Disbursement this Period  
177.00

Transaction ID : SB17.159

[MEMO ITEM]

Category/Type

**C. EUDY COMPANY**

Full Name (Last, First, Middle Initial)  
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  
MM / DD / YYYY  
10 / 01 / 2014

Amount of Each Disbursement this Period  
5000.00

Transaction ID : SB17.154

[MEMO ITEM]

Category/Type

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

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

5540.50

15020054934

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

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

FOR LINE NUMBER: PAGE 91 OF 151  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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

**A. EUDY COMPANY**

Full Name (Last, First, Middle Initial)  
Mailing Address 4200 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
FOOD AND BEVERAGES/PHONE SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 75.28

Transaction ID : SB17.158

[MEMO ITEM]

**B. FEDEX.COM**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 FED EX DR

City CORAOPOLIS State PA Zip Code 15108

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 66.22

Transaction ID : SB17.155

[MEMO ITEM]

**C. UBER**

Full Name (Last, First, Middle Initial)  
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: 10 / 01 / 2014

Amount of Each Disbursement this Period: 178.00

Transaction ID : SB17.156

[MEMO ITEM]

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

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

15020054935

**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 151

<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 State Zip Code  
WASHINGTON DC 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 10	D D 01	Y Y Y Y 2014
-----------	-----------	-----------------

Amount of Each Disbursement this Period

44.00
-------

Transaction ID : SB17.157

[MEMO ITEM]

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

Mailing Address PO BOX 2340

City State Zip Code  
OMAHA NE 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 10	D D 01	Y Y Y Y 2014
-----------	-----------	-----------------

Amount of Each Disbursement this Period

5257.90
---------

Transaction ID : SB17.85

Full Name (Last, First, Middle Initial)  
**C. DELTA AIRLINES**

Mailing Address ATLANTA AIRPORT

City State Zip Code  
ATLANTA GA 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 10	D D 01	Y Y Y Y 2014
-----------	-----------	-----------------

Amount of Each Disbursement this Period

163.10
--------

Transaction ID : SB17.102

[MEMO ITEM]

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

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

5257.90
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15020054936

**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. FEDEX.COM**

Full Name (Last, First, Middle Initial)

Mailing Address 100 FED EX DR

City CORAOPOLIS State PA Zip Code 15108

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 40.38

Transaction ID : SB17.103

[MEMO ITEM]

**B. JOHNNY'S HALF SHELL**

Full Name (Last, First, Middle Initial)

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: 10 / 01 / 2014

Amount of Each Disbursement this Period: 580.00

Transaction ID : SB17.105

[MEMO ITEM]

**C. MACNAIR TRAVEL AGENCY**

Full Name (Last, First, Middle Initial)

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 245.00

Transaction ID : SB17.101

[MEMO ITEM]

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

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

15020054937

**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. MYFAX SERVICES**

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: **MM / DD / YYYY**  
**10 / 01 / 2014**

Amount of Each Disbursement this Period: **10.00**

Transaction ID : **SB17.104**

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. RITZ CARLTON PHOENIX**

Mailing Address **2401 E CAMELBACK RD**

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

Purpose of Disbursement  
**FACILITY RENTAL/CATERING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **MM / DD / YYYY**  
**10 / 01 / 2014**

Amount of Each Disbursement this Period: **679.16**

Transaction ID : **SB17.106**

**[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 / DD / YYYY**  
**10 / 01 / 2014**

Amount of Each Disbursement this Period: **767.10**

Transaction ID : **SB17.109**

**[MEMO ITEM]**

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

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

**0.00**

15020054938

**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 151	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. US AIRWAYS**

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 2772.11

Transaction ID : SB17.107

[MEMO ITEM]

**B. USPS- CRYSTAL CITY STATION**

Full Name (Last, First, Middle Initial)

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: 10 / 01 / 2014

Amount of Each Disbursement this Period: 1.05

Transaction ID : SB17.108

[MEMO ITEM]

**C. HUCKABY DAVIS LISKER**

Full Name (Last, First, Middle Initial)

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 1447.60

Transaction ID : SB17.4

**SUBTOTAL** of Disbursements This Page (optional)..... 1447.60

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

15020054939

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. THE HALLISEY GROUP**

Mailing Address 38 E 85TH ST, STE 5E

City State Zip Code  
NEW YORK NY 10028

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2014

Amount of Each Disbursement this Period

9700.00

Transaction ID : SB17.21

Category/  
Type

**B. ELIZABETH CONATSER**

Mailing Address PO BOX 29576

City State Zip Code  
WASHINGTON DC 20017

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 03 / 2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.22

Category/  
Type

**C. CMDI INC**

Mailing Address 1593 SPRING HILL RD

City State Zip Code  
TYSONS CORNER VA 22182

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 03 / 2014

Amount of Each Disbursement this Period

2374.93

Transaction ID : SB17.17

Category/  
Type

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

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

13574.93

15020054940



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

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

FOR LINE NUMBER: (check only one)  
 17  
 18  
 19a  
 19b  
 20a  
 20b  
 20c  
 21  
 PAGE 97 OF 151

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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 TONER  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 10 / 06 / 2014  
 Amount of Each Disbursement this Period  
 34.56  
 Transaction ID : SB17.80  
 Category/ Type

**B. JACOB TERRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2701 S ADAMS ST  
 City ARLINGTON State VA Zip Code 22206  
 Purpose of Disbursement LOGISTICS CONSULTING  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 10 / 06 / 2014  
 Amount of Each Disbursement this Period  
 246.63  
 Transaction ID : SB17.34  
 Category/ Type

**C. AMERICAN EXPRESS**  
 Full Name (Last, First, Middle Initial)  
 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  
 10 / 06 / 2014  
 Amount of Each Disbursement this Period  
 455.63  
 Transaction ID : SB17.8  
 Category/ Type

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

736.82

15020054941

**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 98 OF 151

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

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

Full Name (Last, First, Middle Initial)  
**A. CAPLIN & DRYSDALE**

Mailing Address **ONE THOMAS CIR NW STE 1100**

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

Purpose of Disbursement  
**LEGAL CONSULTING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **10 / 06 / 2014**

Amount of Each Disbursement this Period: **2356.00**

Transaction ID : **SB17.29**

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  
**BANK FEE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **10 / 07 / 2014**

Amount of Each Disbursement this Period: **25.00**

Transaction ID : **SB17.2**

LIST RENTAL INCOME

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: **10 / 07 / 2014**

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

Transaction ID : **SB17.83**

LIST RENTAL INCOME

Category/Type

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

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

**4381.00**

15020054942

**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 151

<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) <b>A. THE HALLISEY GROUP</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2014
Mailing Address 38 E 85TH ST, STE 5E		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.94
City NEW YORK	State NY	
Zip Code 10028	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:	

Full Name (Last, First, Middle Initial) <b>B. YUMA SOLUTIONS INC</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2014
Mailing Address PO BOX 152075		Amount of Each Disbursement this Period 406.25 Transaction ID : SB17.6
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>C. CMDI INC</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2014
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 20.25 Transaction ID : SB17.9
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	526.50
<b>TOTAL</b> This Period (last page this line number only) .....	

15020054943

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF JOHN MCCAIN, INC.**

**A. 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: 10 / 15 / 2014

Amount of Each Disbursement this Period: 3129.34

Transaction ID : SB17.36

Category/Type

**B. 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: 10 / 15 / 2014

Amount of Each Disbursement this Period: 564.59

Transaction ID : SB17.37

Category/Type

**C. INSPERITY**

Full Name (Last, First, Middle Initial)

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 15 / 2014

Amount of Each Disbursement this Period: 1479.93

Transaction ID : SB17.52

Category/Type

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

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

5173.86

15020054944

**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 151	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

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  
**10 / 15 / 2014**

Amount of Each Disbursement this Period  
**1180.85**

Transaction ID : **SB17.58**

Category/ Type

Full Name (Last, First, Middle Initial)  
**B. MD COMPTROLLER**

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  
MM / DD / YYYY  
**10 / 15 / 2014**

Amount of Each Disbursement this Period  
**285.91**

Transaction ID : **SB17.59**

Category/ Type

Full Name (Last, First, Middle Initial)  
**C. BASK DIGITAL MEDIA LLC**

Mailing Address **1953 SAN ELIJO AVE**

City **CARDIFF-BY-THE-SEA** State **CA** Zip Code **92007**

Purpose of Disbursement **WEB SERVICE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**10 / 16 / 2014**

Amount of Each Disbursement this Period  
**15000.00**

Transaction ID : **SB17.84**

Category/ Type

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

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

**16466.76**

15020054945

**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 102 OF 151	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. EDONATION**

Full Name (Last, First, Middle Initial)

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: 10 / 16 / 2014

Amount of Each Disbursement this Period: 37.79

Transaction ID : SB17.10

Category/Type

**B. 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: 10 / 24 / 2014

Amount of Each Disbursement this Period: 10459.63

Transaction ID : SB17.86

Category/Type

**C. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

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: 10 / 24 / 2014

Amount of Each Disbursement this Period: 291.10

Transaction ID : SB17.112

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 10497.42

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

15020054946

**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. CAREY INTERNATIONAL INC**

Full Name (Last, First, Middle Initial)

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: 10 / 24 / 2014

Amount of Each Disbursement this Period: 2994.51

Transaction ID : SB17.113

[MEMO ITEM]

**B. DLA PIPER**

Full Name (Last, First, Middle Initial)

Mailing Address 500 EIGHT ST NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 24 / 2014

Amount of Each Disbursement this Period: 649.00

Transaction ID : SB17.114

[MEMO ITEM]

**C. LOWES HOTEL-NEW YORK**

Full Name (Last, First, Middle Initial)

Mailing Address 667 MADISON AVE

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 24 / 2014

Amount of Each Disbursement this Period: 4759.36

Transaction ID : SB17.116

[MEMO ITEM]

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

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

15020054947

**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. MACNAIR TRAVEL AGENCY**

Mailing Address **4100 FAIRFAX DR STE 600**

City **ARLINGTON** State **VA** Zip Code **22203**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**10 / 24 / 2014**

Amount of Each Disbursement this Period  
**300.00**

Transaction ID : **SB17.111**

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. MYFAX SERVICES**

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  
MM / DD / YYYY  
**10 / 24 / 2014**

Amount of Each Disbursement this Period  
**10.00**

Transaction ID : **SB17.115**

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. 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 / DD / YYYY  
**10 / 24 / 2014**

Amount of Each Disbursement this Period  
**2.01**

Transaction ID : **SB17.117**

**[MEMO ITEM]**

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

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

Amount of Each Disbursement this Period  
**0.00**

15020054948



**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 105 OF 151	
	<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. PREMIERE VALET SERVICES**

Mailing Address **3349 CAHUNEGA BLVD**

City **LOS ANGELES** State **CA** Zip Code **90068**

Purpose of Disbursement  
**TRAVEL**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**10 / 24 / 2014**

Amount of Each Disbursement this Period  
**1780.00**

Transaction ID : **SB17.118**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. SOUTHWEST AIRLINES**

Mailing Address **PO BOX 36647 - 1CR**

City **DALLAS** State **TX** Zip Code **75235**

Purpose of Disbursement  
**TRAVEL**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**10 / 24 / 2014**

Amount of Each Disbursement this Period  
**329.20**

Transaction ID : **SB17.121**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. SPRINT PCS**

Mailing Address **PO BOX 1769**

City **NEWARK** State **NJ** Zip Code **07101**

Purpose of Disbursement  
**PHONE SVC**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**10 / 24 / 2014**

Amount of Each Disbursement this Period  
**147.80**

Transaction ID : **SB17.124**

[MEMO ITEM]

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

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

15020054949

**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 151

<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. STAPLES**

Mailing Address 963 NORLAND AVE

City State Zip Code  
CHAMBERSBURG PA 17201

Purpose of Disbursement  
PAPER/TONER

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
10 / 24 / 2014

Amount of Each Disbursement this Period

97.51
-------

Transaction ID : SB17.122

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address 1200 E ALGONQUIN RD ELK GROVE

City State Zip Code  
VILLAGE IL 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 / D D / Y Y Y Y Y Y
10 / 24 / 2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.123

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD

City State Zip Code  
PHOENIX AZ 85034

Purpose of Disbursement  
CREDIT-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
10 / 24 / 2014

Amount of Each Disbursement this Period

-1249.71
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Transaction ID : SB17.119

[MEMO ITEM]

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

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

0.00
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15020054950

**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 151	
	<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. USPS- CRYSTAL CITY STATION**

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: 10 / 24 / 2014

Amount of Each Disbursement this Period: 148.85

Transaction ID : SB17.120

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. STACY DAVIS**

Mailing Address 24651 EVEREVE CIR

City LAKE FOREST State CA Zip Code 92630

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 28 / 2014

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.24

Full Name (Last, First, Middle Initial)  
**C. CHAIN BRIDGE BANK**

Mailing Address 1445 A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 28 / 2014

Amount of Each Disbursement this Period: 15.00

Transaction ID : SB17.1

**SUBTOTAL** of Disbursements This Page (optional)..... 3015.00

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

15020054951

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF JOHN MCCAIN, INC.**

**A. EUDY COMPANY**

Full Name (Last, First, Middle Initial)  
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  
**10 / 28 / 2014**

Amount of Each Disbursement this Period  
**8542.51**

Transaction ID : **SB17.92**

**B. BEVERLY HILLS HOTEL**

Full Name (Last, First, Middle Initial)  
Mailing Address **9641 SUNSET BLVD**

City **EVERLY HILLS** State **CA** Zip Code **90210**

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  
**10 / 28 / 2014**

Amount of Each Disbursement this Period  
**98.50**

Transaction ID : **SB17.171**

**[MEMO ITEM]**

**C. BEVERLY HILLS HOTEL**

Full Name (Last, First, Middle Initial)  
Mailing Address **9641 SUNSET BLVD**

City **EVERLY HILLS** State **CA** Zip Code **90210**

Purpose of Disbursement  
**TRAVEL**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**10 / 28 / 2014**

Amount of Each Disbursement this Period  
**2043.19**

Transaction ID : **SB17.174**

**[MEMO ITEM]**

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

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

Amount of Each Disbursement this Period  
**8542.51**

15020054952

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. CASA DEL MAR**

Mailing Address 1910 OCEAN WAY

City State Zip Code  
SANTA MONICA CA 90405

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2014

Amount of Each Disbursement this Period

88.37

Transaction ID : SB17.168

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. EUDY COMPANY**

Mailing Address 4200 MASSACHUSETTS AVE NW

City State Zip Code  
WASHINGTON DC 20016

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  
10 / 28 / 2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.161

[MEMO ITEM]

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

Mailing Address 100 FED EX DR

City State Zip Code  
CORAOPOLIS PA 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  
10 / 28 / 2014

Amount of Each Disbursement this Period

56.53

Transaction ID : SB17.162

[MEMO ITEM]

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

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

0.00

0.00

15020054953

**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 110 OF 151	
	<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) <b>A. FEDEX.COM</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 100 FED EX DR		Amount of Each Disbursement this Period 16.90	
City CORAOPLIS	State PA	Zip Code 15108	Transaction ID : SB17.172  [MEMO ITEM]
Purpose of Disbursement DELIVERY		Category/ Type	
Candidate Name			
Office Sought:	House <input 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>B. LA PROVENCE CAFE</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 8950 W OLYMPIC BLVD		Amount of Each Disbursement this Period 9.37	
City BEVERLY HILLS	State CA	Zip Code 90211	Transaction ID : SB17.170  [MEMO ITEM]
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type	
Candidate Name			
Office Sought:	House <input 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>C. PORT AUTHORITY OF NY</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 225 PARK AVE S		Amount of Each Disbursement this Period 8.20	
City NEW YORK	State NY	Zip Code 10003	Transaction ID : SB17.166  [MEMO ITEM]
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020054954

**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 111 OF 151
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

**A. STARBUCKS-SANTA MONICA**

Full Name (Last, First, Middle Initial)

Mailing Address 2200 COLORADO AVE

City SANTA MONICA State CA Zip Code 90404

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 28 / 2014

Amount of Each Disbursement this Period: 20.80

Transaction ID : SB17.169

[MEMO ITEM]

**B. UBER**

Full Name (Last, First, Middle Initial)

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: 10 / 28 / 2014

Amount of Each Disbursement this Period: 39.33

Transaction ID : SB17.163

[MEMO ITEM]

**C. UBER**

Full Name (Last, First, Middle Initial)

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: 10 / 28 / 2014

Amount of Each Disbursement this Period: 225.33

Transaction ID : SB17.173

[MEMO ITEM]

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

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

15020054955

**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 112 OF 151	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. US AIRWAYS**

Full Name (Last, First, Middle Initial)  
Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 28 / 2014

Amount of Each Disbursement this Period: 630.00

Transaction ID : SB17.165

[MEMO ITEM]

**B. US AIRWAYS**

Full Name (Last, First, Middle Initial)  
Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 28 / 2014

Amount of Each Disbursement this Period: 244.99

Transaction ID : SB17.175

[MEMO ITEM]

**C. WASHINGTON AIRPORT AUTHORITY**

Full Name (Last, First, Middle Initial)  
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: 10 / 28 / 2014

Amount of Each Disbursement this Period: 45.00

Transaction ID : SB17.164

[MEMO ITEM]

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

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

15020054956



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

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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

**A. WASHINGTON AIRPORT AUTHORITY**

Full Name (Last, First, Middle Initial)  
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: 10 / 28 / 2014

Amount of Each Disbursement this Period: 16.00

Transaction ID : SB17.167

[MEMO ITEM]

**B. AMBER JOHNSON**

Full Name (Last, First, Middle Initial)  
AMBER JOHNSON

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: 10 / 31 / 2014

Amount of Each Disbursement this Period: 3129.34

Transaction ID : SB17.38

**C. SALVATORE PURPURA**

Full Name (Last, First, Middle Initial)  
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: 10 / 31 / 2014

Amount of Each Disbursement this Period: 1593.47

Transaction ID : SB17.39

**SUBTOTAL** of Disbursements This Page (optional)..... 4722.81

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

15020054957

**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 114 OF 151	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. INSPERITY**

Full Name (Last, First, Middle Initial)

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 1586.41

Transaction ID : SB17.53

**B. INTERNAL REVENUE SERVICE**

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 1645.61

Transaction ID : SB17.60

**C. LOVAS CO LLC**

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 12000.00

Transaction ID : SB17.25

**SUBTOTAL** of Disbursements This Page (optional)..... 15232.02

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

15020054958



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CAPLIN & DRYSDALE**

Mailing Address **ONE THOMAS CIR NW STE 1100**

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

Purpose of Disbursement  
**LEGAL CONSULTING**

Candidate Name

Category/  
Type

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
11	05	2014

Amount of Each Disbursement this Period

892.93
--------

Transaction ID : **SB17.30**

**B. CMDI INC**

Mailing Address **1593 SPRING HILL RD**

City **TYSONS CORNER** State **VA** Zip Code **22182**

Purpose of Disbursement  
**DATABASE MANAGEMENT/PRINTING**

Candidate Name

Category/  
Type

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
11	05	2014

Amount of Each Disbursement this Period

4265.82
---------

Transaction ID : **SB17.19**

**C. ELIZABETH CONATSER**

Mailing Address **PO BOX 29576**

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

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

M M M	D D D	Y Y Y Y
11	06	2014

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : **SB17.26**

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

6658.75

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

15020054960

**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 117 OF 151			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

**A. STACY DAVIS**

Full Name (Last, First, Middle Initial)  
Mailing Address 24651 EVEREVE CIR

City LAKE FOREST State CA Zip Code 92630

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 09 / 2014

Amount of Each Disbursement this Period: 119.33

Transaction ID : SB17.81

**B. IMAGEACTIVE**

Full Name (Last, First, Middle Initial)  
Mailing Address 4191 STANSBURY AVE

City SHERMAN OAKS State CA Zip Code 91423

Purpose of Disbursement PHOTOGRAPHY SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 09 / 2014

Amount of Each Disbursement this Period: 545.00

Transaction ID : SB17.77

**C. LEEANN TATUM**

Full Name (Last, First, Middle Initial)  
Mailing Address 3800 BRYN MAWR

City DALLAS State TX Zip Code 75225

Purpose of Disbursement CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 12 / 2014

Amount of Each Disbursement this Period: 1301.98

Transaction ID : SB17.3

**SUBTOTAL** of Disbursements This Page (optional)..... 1966.31

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

15020054961

**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 118 OF 151	
	<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. BUDGET PRINTING CENTER LLC**

Mailing Address **4152 W BLUE HERON BLVD**

City **RIVIERA BEACH** State **FL** Zip Code **33404**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **11 / 12 / 2014**

Amount of Each Disbursement this Period: **556.43**

Transaction ID : **SB17.79**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. RESIDENCES AT 2211**

Mailing Address **2211 E CAMELBACK RD**

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

Purpose of Disbursement  
**FACILITY RENTAL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **11 / 12 / 2014**

Amount of Each Disbursement this Period: **400.00**

Transaction ID : **SB17.20**

Category/Type

Full Name (Last, First, Middle Initial)  
**C. THOMAS GRAPHICS**

Mailing Address **PO BOX 14226**

City **AUSTIN** State **TX** Zip Code **78714**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **11 / 12 / 2014**

Amount of Each Disbursement this Period: **420.00**

Transaction ID : **SB17.78**

Category/Type

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

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

**1376.43**

15020054962

**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 119 OF 151

<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**

Mailing Address **PO BOX 152075**

City State Zip Code  
**TAMPA FL 33684**

Purpose of Disbursement  
**COMPUTER SUPPORT**

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
11 / 12 / 2014

Amount of Each Disbursement this Period

1281.25
---------

Transaction ID : **SB17.7**

Full Name (Last, First, Middle Initial)  
**B. HUCKABY DAVIS LISKER**

Mailing Address **228 S WASHINGTON ST STE 115**

City State Zip Code  
**ALEXANDRIA VA 22314**

Purpose of Disbursement  
**COMPLIANCE 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
11 / 13 / 2014

Amount of Each Disbursement this Period

1518.05
---------

Transaction ID : **SB17.5**

Full Name (Last, First, Middle Initial)  
**C. MCINTOSH COMPANY INC**

Mailing Address **5310 HARVEST HILL RD**

City State Zip Code  
**DALLAS TX 75230**

Purpose of Disbursement  
**FINANCE CONSULTING/PHOTOGRAPHY 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
11 / 13 / 2014

Amount of Each Disbursement this Period

11815.00
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Transaction ID : **SB17.90**

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

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

14614.30
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15020054963

**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 120 OF 151

<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) <b>A. GRANT MILLER GROUP</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2014
Mailing Address 1301 IOWA DR		Amount of Each Disbursement this Period 600.00
City PLANO	State TX	
Zip Code 75093	Purpose of Disbursement PHOTOGRAPHY SVC	Transaction ID : SB17.197 <b>[MEMO ITEM]</b>
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>B. MCINTOSH COMPANY INC</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2014
Mailing Address 5310 HARVEST HILL RD		Amount of Each Disbursement this Period 11215.00
City DALLAS	State TX	
Zip Code 75230	Purpose of Disbursement FINANCE CONSULTING	Transaction ID : SB17.196 <b>[MEMO ITEM]</b>
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>C. TAMARA HALLISEY</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2014
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 1802.60
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement PAYROLL	Transaction ID : SB17.42
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

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

1802.60
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15020054964



**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 121 OF 151
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. AMBER JOHNSON**

Full Name (Last, First, Middle Initial)

Mailing Address 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 / DD / YYYY  
11 / 15 / 2014

Amount of Each Disbursement this Period  
3129.34

Transaction ID : SB17.40

Category/ Type

**B. 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  
MM / DD / YYYY  
11 / 15 / 2014

Amount of Each Disbursement this Period  
613.09

Transaction ID : SB17.41

Category/ Type

**C. INSPERITY**

Full Name (Last, First, Middle Initial)

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
11 / 15 / 2014

Amount of Each Disbursement this Period  
2163.93

Transaction ID : SB17.54

Category/ Type

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

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

5906.36

15020054965

**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. INTERNAL REVENUE SERVICE**

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

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
11 / 15 / 2014

Amount of Each Disbursement this Period  
1887.83

Transaction ID : SB17.62

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  
MM / DD / YYYY  
11 / 15 / 2014

Amount of Each Disbursement this Period  
285.91

Transaction ID : SB17.63

Category/Type

**C. NYS TAX DEPARTMENT**

Full Name (Last, First, Middle Initial)  
Mailing Address WA HARRIMAN CAMPUS

City ALBANY State NY Zip Code 12227

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  
11 / 15 / 2014

Amount of Each Disbursement this Period  
200.68

Transaction ID : SB17.64

Category/Type

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

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

2374.42

15020054966

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

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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

**A. COUNTRY FIRST PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 211 N UNION ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement LIST PURCHASE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 17 / 2014

Amount of Each Disbursement this Period: 37725.00

Transaction ID : SB17.33

Category/Type

**B. 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: 11 / 20 / 2014

Amount of Each Disbursement this Period: 21836.75

Transaction ID : SB17.87

Category/Type

**C. 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: 11 / 20 / 2014

Amount of Each Disbursement this Period: 184.00

Transaction ID : SB17.127

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 59561.75

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

15020054967

**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) <b>A. CAREY INTERNATIONAL INC</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2014
Mailing Address 4530 WISCONSIN AVE NW		Amount of Each Disbursement this Period 5523.15 Transaction ID : SB17.128 <b>[MEMO ITEM]</b>
City WASHINGTON	State DC	
Zip Code 20016	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. FEDEX.COM</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2014
Mailing Address 100 FED EX DR		Amount of Each Disbursement this Period 224.96 Transaction ID : SB17.129 <b>[MEMO ITEM]</b>
City CORAOPOLIS	State PA	
Zip Code 15108	Purpose of Disbursement DELIVERY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GRAND HYATT DALLAS</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2014
Mailing Address 2337 S INTL PKWY		Amount of Each Disbursement this Period 585.34 Transaction ID : SB17.130 <b>[MEMO ITEM]</b>
City GRAPEVINE	State TX	
Zip Code 75261	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

0.00
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15020054968

**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. LOWES HOTEL-NEW YORK**

Mailing Address 667 MADISON AVE

City State Zip Code  
NEW YORK NY 10065

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  
11 / 20 / 2014

Amount of Each Disbursement this Period

6509.50

Transaction ID : SB17.132

[MEMO ITEM]

**B. MACNAIR TRAVEL AGENCY**

Mailing Address 4100 FAIRFAX DR STE 600

City State Zip Code  
ARLINGTON VA 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  
11 / 20 / 2014

Amount of Each Disbursement this Period

245.00

Transaction ID : SB17.126

[MEMO ITEM]

**C. MYFAX SERVICES**

Mailing Address 6922 HOLLYWOOD BLVD #800

City State Zip Code  
LOS ANGELES CA 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  
11 / 20 / 2014

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.131

[MEMO ITEM]

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

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

0.00

15020054969

**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. 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
11	20	2014

Amount of Each Disbursement this Period

2150.79
---------

Transaction ID : **SB17.133**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. RITZ CARLTON PHOENIX**

Mailing Address **2401 E CAMELBACK RD**

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

Purpose of Disbursement  
**FACILITY RENTAL/CATERING**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
11	20	2014

Amount of Each Disbursement this Period

2920.47
---------

Transaction ID : **SB17.135**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. TGIS CATERING**

Mailing Address **2950 N AIRPORT LN**

City **LONG BEACH** State **CA** Zip Code **90806**

Purpose of Disbursement  
**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
11	20	2014

Amount of Each Disbursement this Period

965.12
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Transaction ID : **SB17.134**

[MEMO ITEM]

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

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

0.00
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15020054970

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

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

FOR LINE NUMBER: PAGE 127 OF 151  
(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. 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: 11 / 20 / 2014

Amount of Each Disbursement this Period: 856.20

Transaction ID : SB17.136

[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: 11 / 20 / 2014

Amount of Each Disbursement this Period: 1313.52

Transaction ID : SB17.137

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. W MILLAR & CO**

Mailing Address 1335 14TH ST NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 20 / 2014

Amount of Each Disbursement this Period: 348.70

Transaction ID : SB17.138

[MEMO ITEM]

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

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

0.00

15020054971

**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 128 OF 151

<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  
**11 / 21 / 2014**

Amount of Each Disbursement this Period  
**8339.53**

Transaction ID : **SB17.93**

Full Name (Last, First, Middle Initial)  
**B. AMERICAN AIRLINES**

Mailing Address **PO BOX 582820 MD 766**

City **TULSA** State **OK** Zip Code **74158**

Purpose of Disbursement  
**TRAVEL**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**11 / 21 / 2014**

Amount of Each Disbursement this Period  
**12.52**

Transaction ID : **SB17.185**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. AMERICAN AIRLINES**

Mailing Address **PO BOX 582820 MD 766**

City **TULSA** State **OK** Zip Code **74158**

Purpose of Disbursement  
**TRAVEL**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**11 / 21 / 2014**

Amount of Each Disbursement this Period  
**463.20**

Transaction ID : **SB17.191**

[MEMO ITEM]

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

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

Amount of Each Disbursement this Period  
**8339.53**

15020054972



**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. BEVERLY HILLS HOTEL**

Mailing Address 9641 SUNSET BLVD

City State Zip Code  
EVERLY HILLS CA 90210

Purpose of Disbursement  
TRAVEL

Candidate Name

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

State: District:

Date of Disbursement

MM/DD/YYYY  
11/21/2014

Amount of Each Disbursement this Period

636.53

Transaction ID : SB17.187

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. EUDY COMPANY**

Mailing Address 4200 MASSACHUSETTS AVE NW

City State Zip Code  
WASHINGTON DC 20016

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  
11/21/2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.177

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. FOUR PEAKS**

Mailing Address 1340 E 8TH ST

City State Zip Code  
TEMPE AZ 85281

Purpose of Disbursement  
TRAVEL

Candidate Name

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

State: District:

Date of Disbursement

MM/DD/YYYY  
11/21/2014

Amount of Each Disbursement this Period

16.13

Transaction ID : SB17.182

[MEMO ITEM]

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

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

0.00

15020054973

**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 130 OF 151

<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. IL FORNAIO**

Full Name (Last, First, Middle Initial)

Mailing Address 11990 MARKET ST

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
FOOD AND BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 21 / 2014

Amount of Each Disbursement this Period: 17.42

Transaction ID : SB17.190

[MEMO ITEM]

**B. MARRIOTT RESORT-CAMELBACK INN**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 402642

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 21 / 2014

Amount of Each Disbursement this Period: 19.62

Transaction ID : SB17.189

[MEMO ITEM]

**C. RICHARDSONS CUISINE OF NM**

Full Name (Last, First, Middle Initial)

Mailing Address 6335 N 16TH ST

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 21 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.180

[MEMO ITEM]

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

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

0.00

15020054974

**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 131 OF 151
	<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. RITZ CARLTON PHOENIX**

Full Name (Last, First, Middle Initial)

Mailing Address 2401 E CAMELBACK RD

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement FACILITY RENTAL/CATERING/TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 21 / 2014

Amount of Each Disbursement this Period: 1021.34

Transaction ID : SB17.183

[MEMO ITEM]

**B. SOUTHWEST AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 36647 - 1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 21 / 2014

Amount of Each Disbursement this Period: 8.00

Transaction ID : SB17.179

[MEMO ITEM]

**C. TARBELL'S**

Full Name (Last, First, Middle Initial)

Mailing Address 3213 E CAMELBACK RD

City PHOENIX State AZ Zip Code 85018

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 21 / 2014

Amount of Each Disbursement this Period: 65.03

Transaction ID : SB17.181

[MEMO ITEM]

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

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

15020054975

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

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

FOR LINE NUMBER: PAGE 132 OF 151

(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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

Full Name (Last, First, Middle Initial)  
**A. 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: 11 / 21 / 2014

Amount of Each Disbursement this Period: 148.00

Transaction ID : SB17.178

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. 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: 11 / 21 / 2014

Amount of Each Disbursement this Period: 226.00

Transaction ID : SB17.184

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. 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: 11 / 21 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.188

[MEMO ITEM]

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

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

0.00

15020054976

**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) <b>A. WESTIN BONAVENTURE</b>		Date of Disbursement MM / DD / YYYY 11 / 21 / 2014
Mailing Address 404 S FIGUEROA ST		Amount of Each Disbursement this Period 180.74
City LOS ANGELES	State CA	
Zip Code 90071	Purpose of Disbursement TRAVEL	Transaction ID : SB17.186
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TAMARA HALLISEY</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2014
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 1802.60
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement PAYROLL	Transaction ID : SB17.45
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>C. AMBER JOHNSON</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2014
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 3129.34
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement PAYROLL	Transaction ID : SB17.43
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

4931.94
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15020054977

**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 134 OF 151	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. SALVATORE PURPURA**

Full Name (Last, First, Middle Initial)  
Mailing Address 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 / DD / YYYY  
11 / 30 / 2014

Amount of Each Disbursement this Period  
588.09

Transaction ID : SB17.44

**B. INSPERITY**

Full Name (Last, First, Middle Initial)  
Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR-TAXES

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
11 / 30 / 2014

Amount of Each Disbursement this Period  
2211.23

Transaction ID : SB17.55

**C. INTERNAL REVENUE SERVICE**

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

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
11 / 30 / 2014

Amount of Each Disbursement this Period  
1887.83

Transaction ID : SB17.65

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

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

4687.15

15020054978

**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 135 OF 151
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

**A. MD COMPROLLER**

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: 11 / 30 / 2014

Amount of Each Disbursement this Period: 285.91

Transaction ID : SB17.66

**B. NC DEPT OF REVENUE**

Full Name (Last, First, Middle Initial)

Mailing Address 501 N WILMINGTON ST

City RALEIGH State NC Zip Code 27604

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 30 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.67

**C. NYS TAX DEPARTMENT**

Full Name (Last, First, Middle Initial)

Mailing Address WA HARRIMAN CAMPUS

City ALBANY State NY Zip Code 12227

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 30 / 2014

Amount of Each Disbursement this Period: 200.68

Transaction ID : SB17.68

**SUBTOTAL** of Disbursements This Page (optional)..... 511.59

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

15020054979

**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 136 OF 151	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. CAPLIN & DRYSDALE**

Full Name (Last, First, Middle Initial)

Mailing Address **ONE THOMAS CIR NW STE 1100**

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

Purpose of Disbursement **LEGAL CONSULTING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **12 / 03 / 2014**

Amount of Each Disbursement this Period: **3471.00**

Transaction ID : **SB17.31**

Category/Type

**B. CMDI INC**

Full Name (Last, First, Middle Initial)

Mailing Address **1593 SPRING HILL RD**

City **TYSONS CORNER** State **VA** Zip Code **22182**

Purpose of Disbursement **DATABASE MANAGEMENT**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **12 / 03 / 2014**

Amount of Each Disbursement this Period: **3065.21**

Transaction ID : **SB17.18**

Category/Type

**C. EDONATION**

Full Name (Last, First, Middle Initial)

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: **12 / 03 / 2014**

Amount of Each Disbursement this Period: **43.66**

Transaction ID : **SB17.13**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **6579.87**

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

15020054980



**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 137 OF 151	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. LOVAS CO LLC**

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
12 / 03 / 2014

Amount of Each Disbursement this Period  
12000.00

Transaction ID : SB17.27

Category/ Type

**B. ELIZABETH CONATSER**

Full Name (Last, First, Middle Initial)  
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  
12 / 05 / 2014

Amount of Each Disbursement this Period  
1500.00

Transaction ID : SB17.28

Category/ Type

**C. JACOB TERRELL**

Full Name (Last, First, Middle Initial)  
Mailing Address 2701 S ADAMS ST

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
LOGISTICS CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
12 / 05 / 2014

Amount of Each Disbursement this Period  
274.00

Transaction ID : SB17.35

Category/ Type

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

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

13774.00

15020054981

**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. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City State Zip Code  
NEWARK NJ 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

M M	D D	Y Y Y Y
12	05	2014

Amount of Each Disbursement this Period

412.43
--------

Transaction ID : SB17.14

**B. CESAR ALVAREZ**

Mailing Address 333 SE 2ND AVE, STE 4400

City State Zip Code  
MIAMI FL 33131

Purpose of Disbursement  
IN-KIND: 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
12	08	2014

Amount of Each Disbursement this Period

1110.23
---------

Transaction ID : IK003

**C. GEORGE LEMIEUX**

Mailing Address 2743 NE 30TH ST

City State Zip Code  
FT. LAUDERDALE FL 33306

Purpose of Disbursement  
IN-KIND: PHOTOGRAPHY SERVICES

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
12	08	2014

Amount of Each Disbursement this Period

250.00
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Transaction ID : IK001

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

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

1772.66
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15020054982

**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 139 OF 151			
	<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) <b>A. GEORGE LEMIEUX</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2014	
Mailing Address 2743 NE 30TH ST		Amount of Each Disbursement this Period 153.63	
City FT LAUDERDALE	State FL	Zip Code 33306	Transaction ID : IK002
Purpose of Disbursement IN KIND: CATERING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. FIRST BANKCARD</b>		Date of Disbursement MM / DD / YYYY 12 / 09 / 2014	
Mailing Address PO BOX 2340		Amount of Each Disbursement this Period 2467.11	
City OMAHA	State NE	Zip Code 68103	Transaction ID : SB17.88
Purpose of Disbursement CREDIT CARD PAYMENT		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>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 12 / 09 / 2014	
Mailing Address PO BOX 582820 MD 766		Amount of Each Disbursement this Period 450.20	
City TULSA	State OK	Zip Code 74158	Transaction ID : SB17.140 <b>[MEMO ITEM]</b>
Purpose of Disbursement TRAVEL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2620.74
<b>TOTAL</b> This Period (last page this line number only).....	

15020054983

**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. 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
12 / 10 / 2014

Amount of Each Disbursement this Period

18.52
-------

Transaction ID : SB17.143

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JETBLUE**

Mailing Address 2701 QUEENS PLAZA

City LONG ISLAND CITY State NY Zip Code 11101

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
12 / 10 / 2014

Amount of Each Disbursement this Period

400.36
--------

Transaction ID : SB17.146

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MACNAIR TRAVEL AGENCY**

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
TRAVEL

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 10 / 2014

Amount of Each Disbursement this Period

110.00
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Transaction ID : SB17.145

[MEMO ITEM]

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

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

0.00
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15020054984

**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 141 OF 151	
	<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) <b>A. MYFAX SERVICES</b>		Date of Disbursement
Mailing Address <b>6922 HOLLYWOOD BLVD #800</b>		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90028</b>
Purpose of Disbursement <b>PHONE SVC</b>	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="10.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____	Category/Type	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. RIVERSIDE HOTEL</b>		Date of Disbursement
Mailing Address <b>620 E LAS OLAS</b>		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City <b>FT LAUDERDALE</b>	State <b>FL</b>	Zip Code <b>33301</b>
Purpose of Disbursement <b>TRAVEL</b>	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="377.40"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____	Category/Type	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. SPRINT-60197</b>		Date of Disbursement
Mailing Address <b>PO BOX 4181</b>		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City <b>CAROL STREAM</b>	State <b>IL</b>	Zip Code <b>60197</b>
Purpose of Disbursement <b>PHONE SVC</b>	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="79.43"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____	Category/Type	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	

15020054985

**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 142 OF 151	
	<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 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  
**12 / 09 / 2014**

Amount of Each Disbursement this Period  
**1021.20**

Transaction ID : **SB17.141**

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. TAMARA HALLISEY**

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 / DD / YYYY  
**12 / 15 / 2014**

Amount of Each Disbursement this Period  
**1802.60**

Transaction ID : **SB17.48**

Full Name (Last, First, Middle Initial)  
**C. AMBER JOHNSON**

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 / DD / YYYY  
**12 / 15 / 2014**

Amount of Each Disbursement this Period  
**3129.34**

Transaction ID : **SB17.46**

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

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

**4931.94**

15020054986

**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 143 OF 151		
	<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) <b>A. SALVATORE PURPURA</b>		Date of Disbursement
Mailing Address 228 S WASHINGTON ST STE 115		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="588.09"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CMDI INC</b>		Date of Disbursement
Mailing Address 1593 SPRING HILL RD		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement CREDIT CARD MERCHANT FEE	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="0.29"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. INSPERITY</b>		Date of Disbursement
Mailing Address 19001 CRESCENT SPRINGS DR		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City KINGWOOD	State TX	Zip Code 77339
Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="2202.23"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="2790.61"/>
<b>TOTAL</b> This Period (last page this line number only).....	

15020054987

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

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

FOR LINE NUMBER: PAGE 144 OF 151

(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. INTERNAL REVENUE SERVICE**

Mailing Address PO BOX 970011

City State Zip Code  
ST LOUIS MO 63197

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2014

Amount of Each Disbursement this Period

1887.83

Transaction ID : SB17.69

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. MD COMPTROLLER**

Mailing Address 80 CALVERT ST

City State Zip Code  
ANNAPOLIS MD 21401

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  
12 / 15 / 2014

Amount of Each Disbursement this Period

285.91

Transaction ID : SB17.70

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. NC DEPT OF REVENUE**

Mailing Address 501 N WILMINGTON ST

City State Zip Code  
RALEIGH NC 27604

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  
12 / 15 / 2014

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.71

Category/  
Type

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

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

2198.74

15020054988



**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 145 OF 151

<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. NYS TAX DEPARTMENT**

Mailing Address **WA HARRIMAN CAMPUS**

City **ALBANY** State **NY** Zip Code **12227**

Purpose of Disbursement  
**PAYROLL TAXES**

Candidate Name

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

State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
**12 / 15 / 2014**

Amount of Each Disbursement this Period

**200.68**

Transaction ID : **SB17.72**

**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

M  M /  D  D /  Y  Y  Y  Y  
**12 / 17 / 2014**

Amount of Each Disbursement this Period

**316.52**

Transaction ID : **SB17.16**

**C. TAMARA HALLISEY**

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

M  M /  D  D /  Y  Y  Y  Y  
**12 / 31 / 2014**

Amount of Each Disbursement this Period

**1802.60**

Transaction ID : **SB17.51**

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

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

**2319.80**

15020054989

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

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

FOR LINE NUMBER: PAGE 146 OF 151  
 17     18     19a     19b  
 20a     20b     20c     21

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

Full Name (Last, First, Middle Initial)  
**A. AMBER JOHNSON**

Mailing Address **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 / DD / YYYY  
**12 / 31 / 2014**

Amount of Each Disbursement this Period  
**3129.34**

Transaction ID : **SB17.49**

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 / DD / YYYY  
**12 / 31 / 2014**

Amount of Each Disbursement this Period  
**588.09**

Transaction ID : **SB17.50**

Category/Type

Full Name (Last, First, Middle Initial)  
**C. CAPLIN & DRYSDALE**

Mailing Address **ONE THOMAS CIR NW STE 1100**

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

Purpose of Disbursement  
**LEGAL CONSULTING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**12 / 31 / 2014**

Amount of Each Disbursement this Period  
**2315.00**

Transaction ID : **SB17.32**

Category/Type

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

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

**6032.43**

15020054990

**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. 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  
12 / 31 / 2014

Amount of Each Disbursement this Period: 119.42

Transaction ID : SB17.89

Category/Type

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

Mailing Address 4530 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
12 / 31 / 2014

Amount of Each Disbursement this Period: 119.42

Transaction ID : SB17.149

[MEMO ITEM]

Category/Type

Full Name (Last, First, Middle Initial)  
**C. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
12 / 31 / 2014

Amount of Each Disbursement this Period: 2286.60

Transaction ID : SB17.57

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 2406.02

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

15020054991

**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 148 OF 151
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

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

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 12/31/2014

Amount of Each Disbursement this Period: 1887.83

Transaction ID : SB17.73

Category/Type

Full Name (Last, First, Middle Initial)  
**B. MD COMPTROLLER**

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: MM/DD/YYYY 12/31/2014

Amount of Each Disbursement this Period: 285.91

Transaction ID : SB17.74

Category/Type

Full Name (Last, First, Middle Initial)  
**C. NC DEPT OF REVENUE**

Mailing Address 501 N WILMINGTON ST

City RALEIGH State NC Zip Code 27604

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 12/31/2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.75

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 2198.74

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

15020054992

**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 149 OF 151
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

**A. NYS TAX DEPARTMENT**

Full Name (Last, First, Middle Initial)

Mailing Address **WA HARRIMAN CAMPUS**

City **ALBANY** State **NY** Zip Code **12227**

Purpose of Disbursement  
**PAYROLL TAXES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **12 / 31 / 2014**

Amount of Each Disbursement this Period: **200.68**

Transaction ID : **SB17.76**

Category/Type

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **200.68**

**TOTAL** This Period (last page this line number only)..... **257765.03**

15020054993

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ROY CLARK</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2014
Mailing Address 1615 JUPITER PLACE		Amount of Each Disbursement this Period 100.00
City MURFREESBORO	State TN Zip Code 37130	
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : SB20.2
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL BIDWILL</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2014
Mailing Address PO BOX 888		Amount of Each Disbursement this Period 2600.00
City PHOENIX	State AZ Zip Code 85001	
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : SB20.1
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Transaction ID
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)	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2700.00
<b>TOTAL</b> This Period (last page this line number only).....	2700.00

15020054994

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**FRIENDS OF JOHN MCCAIN, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HUCKABY DAVIS LISKER</b>			Nature of Debt (Purpose): <b>COMPLIANCE CONSULTING</b>
Mailing Address <b>228 S WASHINGTON ST STE 115</b>			
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	

Outstanding Balance Beginning This Period <b>1447.60</b>	Transaction ID : <b>40</b>	
Amount Incurred This Period <b>1518.05</b>	Payment This Period <b>2965.65</b>	Outstanding Balance at Close of This Period <b>0.00</b>

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	Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period	

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	Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	<b>0.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) ...	<b>0.00</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)...	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

15020054995

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 1-30-15  
Date of Receipt

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	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE  POSTMARK

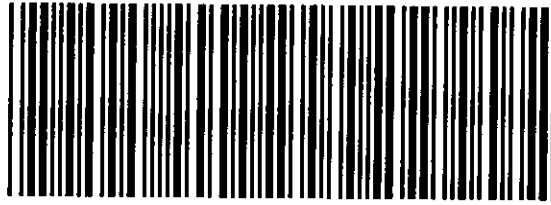
FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

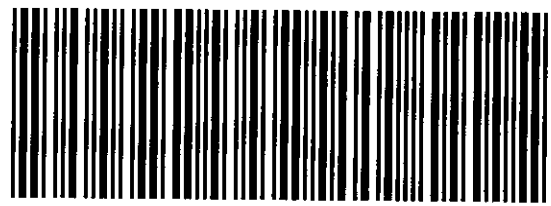
PREPARER DH DATE PREPARED 1-30-15

15020054996





SEN PATCH



SEN PATCH

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