

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS 14 JAN 31 PM 3:54 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 ALEXANDRIA VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00540310 3. IS THIS REPORT AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 10 01 2013 through 12 31 2013

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

Type or Print Name of Treasurer Keith A Davis

Signature of Treasurer Keith A Davis Date 01 31 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

14020053895

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF JOHN MCCAIN, INC.

Report Covering the Period: From:

MM / DD / YYYY
10 / 01 / 2013

To:

MM / DD / YYYY
12 / 31 / 2013

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))

72607.00

72607.00

(b) Total Contribution Refunds
(from Line 20(d))

0.00

2400.00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

72607.00

70207.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

23773.07

66863.93

(b) Total Offsets to Operating
Expenditures (from Line 14)

3401.25

3401.25

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

20371.82

63462.68

8. Cash on Hand at Close of
Reporting Period (from Line 27)

1186686.37

9. Debts and Obligations Owed **TO**
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00

10. Debts and Obligations Owed **BY**
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00

For further information contact:

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

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

14020053896

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 27

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		20	13		

 To:

M	M	/	D	D	/	Y	Y	Y	Y
	12			31		20	13		

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).....

70450.00

70450.00

(ii) Unitemized.....

157.00

157.00

(iii) TOTAL of contributions from individuals ▶

70607.00

70607.00

(b) Political Party Committees.....

0.00

0.00

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

2000.00

2000.00

(d) The Candidate.....

0.00

0.00

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

72607.00

72607.00

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.).....

3401.25

3401.25

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

106.70

1294.81

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

76114.95

1266014.32

14020053897

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23773.07	66863.93
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.....	0.00	2400.00
(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)).....	0.00	2400.00
21. OTHER DISBURSEMENTS	10064.02	10064.02
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	33837.09	79327.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1144408.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	76114.95
25. SUBTOTAL (add Line 23 and Line 24).....	1220523.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33837.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1186686.37

14020053898

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 27
<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. MICHAEL L. ASHNER		Date of Receipt M M / D D / Y Y Y Y Y Y 11 26 2013
Mailing Address 101 COVE NECK ROAD		Transaction ID : SA11.3082248
City OYSTER BAY	State NY	
Zip Code 11771-1822		Amount of Each Receipt this Period 5200.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C		
Name of Employer WINTHROP REALTY TRUST	Occupation CHAIRMAN & C.E.O.	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

B. Full Name (Last, First, Middle Initial) MR. MICHAEL L. ASHNER		Date of Receipt M M / D D / Y Y Y Y Y Y 11 26 2013
Mailing Address 101 COVE NECK ROAD		Transaction ID : SA11.3082248B
City OYSTER BAY	State NY	
Zip Code 11771-1822		Amount of Each Receipt this Period -2600.00 CONTRIBUTION [MEMO ITEM] REDESIGNATION TO GENERAL
FEC ID number of contributing federal political committee. C		
Name of Employer WINTHROP REALTY TRUST	Occupation CHAIRMAN & C.E.O.	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

C. Full Name (Last, First, Middle Initial) MR. MICHAEL L. ASHNER		Date of Receipt M M / D D / Y Y Y Y Y Y 11 26 2013
Mailing Address 101 COVE NECK ROAD		Transaction ID : SA11.3082368
City OYSTER BAY	State NY	
Zip Code 11771-1822		Amount of Each Receipt this Period 2600.00 CONTRIBUTION [MEMO ITEM] REDESIGNATION FROM PRIMARY
FEC ID number of contributing federal political committee. C		
Name of Employer WINTHROP REALTY TRUST	Occupation CHAIRMAN & C.E.O.	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

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

14020053899

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

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

FOR LINE NUMBER: PAGE 6 OF 27

(check only one)

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

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

A. Full Name (Last, First, Middle Initial) MRS. SUSAN M. ASHNER		Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2013	
Mailing Address 101 COVE NECK ROAD		Transaction ID : SA11.3082246	
City OYSTER BAY	State NY	Zip Code 11771-1822	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00 CONTRIBUTION	
Name of Employer EXETER CAPITAL	Occupation BOOKKEEPER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
B. Full Name (Last, First, Middle Initial) MRS. SUSAN M. ASHNER		Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2013	
Mailing Address 101 COVE NECK ROAD		Transaction ID : SA11.3082246B	
City OYSTER BAY	State NY	Zip Code 11771-1822	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00 CONTRIBUTION	
Name of Employer EXETER CAPITAL	Occupation BOOKKEEPER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
C. Full Name (Last, First, Middle Initial) MRS. SUSAN M. ASHNER		Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2013	
Mailing Address 101 COVE NECK ROAD		Transaction ID : SA11.3082366	
City OYSTER BAY	State NY	Zip Code 11771-1822	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00 CONTRIBUTION	
Name of Employer EXETER CAPITAL	Occupation BOOKKEEPER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
SUBTOTAL of Receipts This Page (optional)		5200.00	
TOTAL This Period (last page this line number only)		5200.00	

14020053900

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

Full Name (Last, First, Middle Initial) MRS. JANET LEA BERMAN		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013	
Mailing Address 3055 WHITEHAVEN STREET N.W.		Transaction ID : SA11.3082333	
City WASHINGTON	State DC	Zip Code 20008-3613	Amount of Each Receipt this Period 5200.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) MRS. JANET LEA BERMAN		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013	
Mailing Address 3055 WHITEHAVEN STREET N.W.		Transaction ID : SA11.3082333B	
City WASHINGTON	State DC	Zip Code 20008-3613	Amount of Each Receipt this Period -2600.00 CONTRIBUTION [MEMO ITEM] REDESIGNATION TO GENERAL
FEC ID number of contributing federal political committee.		C	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) MRS. JANET LEA BERMAN		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013	
Mailing Address 3055 WHITEHAVEN STREET N.W.		Transaction ID : SA11.3082377	
City WASHINGTON	State DC	Zip Code 20008-3613	Amount of Each Receipt this Period 2600.00 CONTRIBUTION [MEMO ITEM] REDESIGNATION FROM PRIMARY
FEC ID number of contributing federal political committee.		C	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

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

14020053901

**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 27	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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

Full Name (Last, First, Middle Initial) MR. PAUL G. CELLUPICA		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 69 FIFTH AVENUE #5L		Transaction ID : SA11.3082343	
City NEW YORK	State NY	Zip Code 10003-3053	Amount of Each Receipt this Period 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer METLIFE, INC.	Occupation LAWYER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) MR. CRAIG COGUT		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2013	
Mailing Address 49 MAYFAIR LN		Transaction ID : SA11.3082314	
City GREENWICH	State CT	Zip Code 06831-3639	Amount of Each Receipt this Period 2600.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer PEGASUS CAPITAL ADVISORS	Occupation GENERAL PARTNER		
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) MRS. DEBORAH COGUT		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2013	
Mailing Address 49 MAYFAIR LN		Transaction ID : SA11.3082315	
City GREENWICH	State CT	Zip Code 06831-3639	Amount of Each Receipt this Period 2600.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

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

14020055902

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

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

Full Name (Last, First, Middle Initial) MR. EDWARD COX		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 1133 AVENUE OF THE AMERICAS		Transaction ID : SA11.3082323
City NEW YORK	State NY	Zip Code 10036-6710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Name of Employer PATTERSON BELKNAP	Occupation RETIRED PARTNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MR. ROBERT N. DOWNEY		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 235 WEST 56TH STREET #42B		Transaction ID : SA11.3082341
City NEW YORK	State NY	Zip Code 10019-4340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) MR. MAURICE R. GREENBERG		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 399 PARK AVE., FL-17		Transaction ID : SA11.3082330
City NEW YORK	State NY	Zip Code 10022-4614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00 CONTRIBUTION
Name of Employer C.V. STARR & COMPANY, INC.	Occupation CHAIRMAN & C.E.O.	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	8800.00
TOTAL This Period (last page this line number only).....	

14020053903

**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 27

(check only one)

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

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

Full Name (Last, First, Middle Initial) MR. MAURICE R. GREENBERG		Date of Receipt MM / DD / YYYY 12 / 19 / 2013
Mailing Address 399 PARK AVE., FL-17		Transaction ID : SA11.3082330B
City NEW YORK	State NY	Zip Code 10022-4614
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -2600.00 CONTRIBUTION	
Name of Employer C.V. STARR & COMPANY, INC.	Occupation CHAIRMAN & C.E.O.	[MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) MR. MAURICE R. GREENBERG		Date of Receipt MM / DD / YYYY 12 / 19 / 2013
Mailing Address 399 PARK AVE., FL-17		Transaction ID : SA11.3082373
City NEW YORK	State NY	Zip Code 10022-4614
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00 CONTRIBUTION	
Name of Employer C.V. STARR & COMPANY, INC.	Occupation CHAIRMAN & C.E.O.	[MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) MRS. CHERYL HALPERN		Date of Receipt MM / DD / YYYY 12 / 17 / 2013
Mailing Address 42 ROCKLEDGE DRIVE		Transaction ID : SA11.3082322
City LIVINGSTON	State NJ	Zip Code 07039-1902
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation INVESTMENTS	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

14020053904

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

Use separate schedule(s)
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Detailed Summary Page

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

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

A. Full Name (Last, First, Middle Initial)
AMBASSADOR BRENDA L. JOHNSON

Mailing Address **19 E. 72ND ST., #9D**

City **NEW YORK** State **NY** Zip Code **10021-4193**

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

Name of Employer **BRENMAR INDUSTRIES** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
11 / 19 / 2013

Transaction ID : **SA11.3082239**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. EVAN A. KNISELY

Mailing Address **1178 HUNTOVER CT**

City **MCLEAN** State **VA** Zip Code **22102-2511**

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

Name of Employer **MACANDREWS & FORBES HOLDINGS, INC.** Occupation **SR. V.P., GOVERNMENT AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
12 / 17 / 2013

Transaction ID : **SA11.3082320**

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **450 PARK AVE., FL-6**

City **NEW YORK** State **NY** Zip Code **10022-2605**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
12 / 19 / 2013

Transaction ID : **SA11.3082331**

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

6200.00

14020053905

**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 27
<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"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial) DR. JOHN F. LEHMAN JR.		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2013	
Mailing Address 101 WARREN ST., APT. 2710		Transaction ID : SA11.3082332	
City NEW YORK	State NY	Zip Code 10007-1395	Amount of Each Receipt this Period 2600.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer JF LEHMAN & COMPANY	Occupation INVESTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
B. Full Name (Last, First, Middle Initial) MR. WILLIAM MACK		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 60 COLUMBUS CIRCLE		Transaction ID : SA11.3082344	
City NEW YORK	State NY	Zip Code 10023-5802	Amount of Each Receipt this Period 5200.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00	
Name of Employer AREA PROPERTY PARTNERS	Occupation REAL ESTATE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
C. Full Name (Last, First, Middle Initial) MR. WILLIAM MACK		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 60 COLUMBUS CIRCLE		Transaction ID : SA11.3082344B	
City NEW YORK	State NY	Zip Code 10023-5802	Amount of Each Receipt this Period -2600.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00	
Name of Employer AREA PROPERTY PARTNERS	Occupation REAL ESTATE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
SUBTOTAL of Receipts This Page (optional).....		7800.00	
TOTAL This Period (last page this line number only).....			

14020053906

**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 27

(check only one)

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

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

Full Name (Last, First, Middle Initial) MR. WILLIAM MACK		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2013
Mailing Address 60 COLUMBUS CIRCLE		Transaction ID : SA11.3082356
City NEW YORK	State NY	Zip Code 10023-5802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer AREA PROPERTY PARTNERS	Occupation REAL ESTATE	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial) MS. GEORGETTE MOSBACHER		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 17 / 2013
Mailing Address 1020 FIFTH AVENUE		Transaction ID : SA11.3082321
City NEW YORK	State NY	Zip Code 10028-0133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer BORGHESE, INC.	Occupation C.E.O. & PRESIDENT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MR. RONALD O. PERELMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2013
Mailing Address 35 E. 62ND STREET		Transaction ID : SA11.3082342
City NEW YORK	State NY	Zip Code 10065-8014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer MACANDREWS & FORBES	Occupation CHAIRMAN AND C.E.O.	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

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

14020055907

**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 27

(check only one)

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

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

Full Name (Last, First, Middle Initial) MR. RONALD O. PERELMAN		Date of Receipt M M / D D / Y Y Y Y 12 31 2013	
Mailing Address 35 E. 62ND STREET		Transaction ID : SA11.3082342B	
City NEW YORK	State NY	Zip Code 10065-8014	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period -2600.00 CONTRIBUTION	
Name of Employer MACANDREWS & FORBES	Occupation CHAIRMAN AND C.E.O.		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
		[MEMO ITEM] REDESIGNATION TO GENERAL	

Full Name (Last, First, Middle Initial) MR. RONALD O. PERELMAN		Date of Receipt M M / D D / Y Y Y Y 12 31 2013	
Mailing Address 35 E. 62ND STREET		Transaction ID : SA11.3082360	
City NEW YORK	State NY	Zip Code 10065-8014	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00 CONTRIBUTION	
Name of Employer MACANDREWS & FORBES	Occupation CHAIRMAN AND C.E.O.		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
		[MEMO ITEM] REDESIGNATION FROM PRIMARY	

Full Name (Last, First, Middle Initial) MR. KENNETH ROMAN		Date of Receipt M M / D D / Y Y Y Y 11 23 2013	
Mailing Address 7 GRACIE SQUARE		Transaction ID : SA11.3082243	
City NEW YORK	State NY	Zip Code 10028-8001	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2000.00 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation CONSULTANT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

14020053908

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

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

FOR LINE NUMBER: PAGE 15 OF 27

(check only one)

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

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

Full Name (Last, First, Middle Initial) MR. JOSEPH R. SCHMUCKLER		Date of Receipt MM / DD / YYYY 12 / 10 / 2013
Mailing Address P.O. BOX 181		Transaction ID : SA11.3082311
City NEW VERNON	State NJ	
Zip Code 07976-0181		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation INVESTOR	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MR. BARRY F. SCHWARTZ		Date of Receipt MM / DD / YYYY 12 / 19 / 2013
Mailing Address 35 E. 62ND STREET		Transaction ID : SA11.3082328
City NEW YORK	State NY	
Zip Code 10065-8014		Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer MACANDREWS & FORBES HOLDINGS, INC.	Occupation EXECUTIVE VICE PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) MR. BARRY F. SCHWARTZ		Date of Receipt MM / DD / YYYY 12 / 13 / 2013
Mailing Address 35 E. 62ND STREET		Transaction ID : SA11.3082328B
City NEW YORK	State NY	
Zip Code 10065-8014		Amount of Each Receipt this Period -2400.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer MACANDREWS & FORBES HOLDINGS, INC.	Occupation EXECUTIVE VICE PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	[MEMO ITEM] REDESIGNATION TO GENERAL

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

14020053909

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<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. BARRY F. SCHWARTZ

Mailing Address **35 E. 62ND STREET**

City **NEW YORK** State **NY** Zip Code **10065-8014**

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

Name of Employer **MACANDREWS & FORBES HOLDINGS, INC.** Occupation **EXECUTIVE VICE PRESIDENT**

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			13			2013			

Transaction ID : **SA11.3082379**

Amount of Each Receipt this Period
2400.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN A. SCHWARZMAN

Mailing Address **345 PARK AVE., FL-31**

City **NEW YORK** State **NY** Zip Code **10154-3302**

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

Name of Employer **THE BLACKSTONE GROUP** Occupation **INVESTMENT BANKER**

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			12			2013			

Transaction ID : **SA11.3082313**

Amount of Each Receipt this Period
5200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN A. SCHWARZMAN

Mailing Address **345 PARK AVE., FL-31**

City **NEW YORK** State **NY** Zip Code **10154-3302**

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

Name of Employer **THE BLACKSTONE GROUP** Occupation **INVESTMENT BANKER**

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			12			2013			

Transaction ID : **SA11.3082313B**

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

14020053910

**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 27	
(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. STEPHEN A. SCHWARZMAN		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2013	
Mailing Address 345 PARK AVE., FL-31		Transaction ID : SA11.3082375	
City NEW YORK	State NY	Zip Code 10154-3302	Amount of Each Receipt this Period 2600.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C		[MEMO ITEM] REDESIGNATION FROM PRIMARY	
Name of Employer THE BLACKSTONE GROUP	Occupation INVESTMENT BANKER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

B. Full Name (Last, First, Middle Initial) LINDA TAVLARIOS		Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2013	
Mailing Address 15 WRENFIELD LANE		Transaction ID : SA11.3082312	
City DARIEN	State CT	Zip Code 06820-2201	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer N/A	Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) MR. JOHN WHITEHEAD		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 666 5TH AVE.		Transaction ID : SA11.3082345	
City NEW YORK	State NY	Zip Code 10103-0001	Amount of Each Receipt this Period 5200.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

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

14020053911

**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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11a 11b 11c 11d
 12 13a 13b 14 15

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

<p>A. Full Name (Last, First, Middle Initial) MR. JOHN WHITEHEAD</p> <p>Mailing Address 666 5TH AVE.</p> <p>City NEW YORK State NY Zip Code 10103-0001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 5200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 31 2013</p> <p>Transaction ID : SA11.3082345B</p> <p>Amount of Each Receipt this Period -2600.00</p> <p>CONTRIBUTION</p> <p>[MEMO ITEM] REDESIGNATION TO GENERAL</p>
<p>B. Full Name (Last, First, Middle Initial) MR. JOHN WHITEHEAD</p> <p>Mailing Address 666 5TH AVE.</p> <p>City NEW YORK State NY Zip Code 10103-0001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 5200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 31 2013</p> <p>Transaction ID : SA11.3082358</p> <p>Amount of Each Receipt this Period 2600.00</p> <p>CONTRIBUTION</p> <p>[MEMO ITEM] REDESIGNATION FROM PRIMARY</p>
<p>C. Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (optional).....</p>	
<p>TOTAL This Period (last page this line number only).....</p>	

14020053912

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) BABCOCK & WILCOX COMPANY PAC		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 2016 MOUNT ATHOS RD		Transaction ID : SA11.3082340	
City LYNCHBURG	State VA	Zip Code 24504-5447	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C C00365502		Election Cycle-to-Date 1000.00	
Name of Employer Occupation		Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) K&L GATES L.L.P. PAC		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2013	
Mailing Address 1601 K ST. NW		Transaction ID : SA11.3082235	
City WASHINGTON	State DC	Zip Code 20006-1682	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C C00213173		Election Cycle-to-Date 1000.00	
Name of Employer Occupation		Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		Transaction ID :	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date	
Name of Employer Occupation		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Receipts This Page (optional)		2000.00	
TOTAL This Period (last page this line number only)		2000.00	

14020053913

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial)
AON RISK SERVICES INC

Mailing Address **P.O. BOX 7247**

City	State	Zip Code
PHILADELPHIA	PA	19170

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

3401.25

Date of Receipt

11 / 20 / 2013

Transaction ID : **SA14.1**

Amount of Each Receipt this Period

3401.25

REFUND-INSURANCE

OFFSET FROM TERMINATED AFFILIATED CMTEE
MCCAIN-PALIN COMPLIANCE FUND

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

Date of Receipt

Amount of Each Receipt this Period

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

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

3401.25

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

3401.25

14020053914

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 27

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

Full Name (Last, First, Middle Initial) JP MORGAN CHASE BANK		Date of Receipt M M / D D / Y Y Y Y 11 30 2013
Mailing Address 10300 W THUNDERBIRD BLVD		Transaction ID : SA15.2
City SUN CITY	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.68
Name of Employer	Occupation	INTEREST EARNINGS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1294.81	

Full Name (Last, First, Middle Initial) JP MORGAN CHASE BANK		Date of Receipt M M / D D / Y Y Y Y 12 31 2013
Mailing Address 10300 W THUNDERBIRD BLVD		Transaction ID : SA15.3
City SUN CITY	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 64.02
Name of Employer	Occupation	INTEREST EARNINGS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1294.81	

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

SUBTOTAL of Receipts This Page (optional).....	106.70
TOTAL This Period (last page this line number only).....	106.70

14020055915

**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 22 OF 27

<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. MARSHALL SALTER		Date of Disbursement MM / DD / YYYY 12 / 30 / 2013
Mailing Address 308 W MYRTLE ST		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.1
City ALEXANDRIA	State VA	
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 12 / 05 / 2013
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 0.50 Transaction ID : SB17.3
City NEWARK	State NJ	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. CAMPAIGN SOLUTIONS		Date of Disbursement MM / DD / YYYY 12 / 04 / 2013
Mailing Address 118 N ST ASAPH ST		Amount of Each Disbursement this Period 1807.91 Transaction ID : SB17.13
City ALEXANDRIA	State VA	
Purpose of Disbursement WEB SERVICE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

7808.41

14020053916

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CMDI INC		Date of Disbursement 12 / 31 / 2013
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 518.13
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.5
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. CMDI INC		Date of Disbursement 11 / 25 / 2013
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 115.18
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT	Transaction ID : SB17.7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. CMDI INC		Date of Disbursement 12 / 02 / 2013
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 1250.00
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT	Transaction ID : SB17.8
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).....	1883.31
TOTAL This Period (last page this line number only).....	

14020053917

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial) A. CMDI INC		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 2195.00 Transaction ID : SB17.9
City TYSONS CORNER	State VA	
Purpose of Disbursement DATABASE MANAGEMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. EDONATION		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 118 N ST ASAPH ST		Amount of Each Disbursement this Period 2.20 Transaction ID : SB17.4
City ALEXANDRIA	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. ELAVON		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address ONE CONCOURSE PKWY		Amount of Each Disbursement this Period 217.65 Transaction ID : SB17.2
City ATLANTA	State GA	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	2414.85
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FIRST BANKCARD		Date of Disbursement MM / DD / YYYY 12 / 10 / 2013
Mailing Address PO BOX 2340		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6
City OMAHA	State NE	
Zip Code 68103	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. JOHNNY'S HALF SHELL		Date of Disbursement MM / DD / YYYY 12 / 10 / 2013
Mailing Address 400 N CAPITOL ST NW		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.100 [MEMO ITEM]
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement FACILITY RENTAL/CATERING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ST REGIS HOTEL- NEW YORK		Date of Disbursement MM / DD / YYYY 12 / 06 / 2013
Mailing Address 2 E 55TH ST		Amount of Each Disbursement this Period 10887.50 Transaction ID : SB17.10
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement FACILITY RENTAL/CATERING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	11387.50
TOTAL This Period (last page this line number only).....	

14020053919

**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. THOMAS GRAPHICS		Date of Disbursement MM / DD / YYYY 12 / 09 / 2013
Mailing Address PO BOX 14226		Amount of Each Disbursement this Period 279.00 Transaction ID : SB17.12
City AUSTIN	State TX	
Purpose of Disbursement PRINTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	279.00
TOTAL This Period (last page this line number only).....	23773.07

14020053920

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial) A. JP MORGAN CHASE BANK		Date of Disbursement MM / DD / YYYY 10 / 31 / 2013
Mailing Address 10300 W THUNDERBIRD BLVD		Amount of Each Disbursement this Period 64.02 Transaction ID : SB21.2
City SUN CITY	State AZ	
Purpose of Disbursement INVESTMENT INTEREST EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE		Date of Disbursement MM / DD / YYYY 12 / 21 / 2013
Mailing Address 425 2ND ST NE		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB21.1
City WASHINGTON	State DC	
Purpose of Disbursement PARTY TRANSFER		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	10064.02
TOTAL This Period (last page this line number only).....	10064.02

14020053921

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

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NO POSTMARK

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Date of Receipt or Postmark

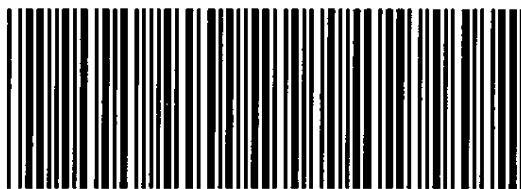
PREPARER

DH

DATE PREPARED

1-31-14

14020053922



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