

**Schedule A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 329 / 12607
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JOHN MCCAIN 2008, INC.

A.	Full Name (Last, First, Middle Initial) MR. FRANK J. BADER	Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8
	Mailing Address 10521 MORNING MIST TRAIL	Amount of Each Receipt this Period 250.00
	City State Zip Code FORT WAYNE IN 46804-4639	CONTRIBUTION
	FEC ID number of contributing federal political committee.	Transaction ID: SA17.1107074
	Name of Employer Occupation GRAPHIC MENUS INC. SALES	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR. HENRY R. BADER, JR.	Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 8
	Mailing Address 31364 195TH STREET	Amount of Each Receipt this Period 25.00
	City State Zip Code LE MARS IA 51031-9202	CONTRIBUTION
	FEC ID number of contributing federal political committee.	Transaction ID: SA17.1041283
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 855.00	

C.	Full Name (Last, First, Middle Initial) DR. PATRICIA I. BADER	Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8
	Mailing Address 10521 MORNING MIST TRAIL	Amount of Each Receipt this Period 250.00
	City State Zip Code FORT WAYNE IN 46804-4639	CONTRIBUTION
	FEC ID number of contributing federal political committee.	Transaction ID: SA17.1107091
	Name of Employer Occupation NORTHEAST INDIANA GENETIC EDGE COU PHYSICIAN	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1175.00	

SUBTOTAL of Receipts This Page (optional)	525.00
TOTAL This Period (last page this line number only)	