

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<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)
JOHN MCCAIN 2008, INC.

A. Full Name (Last, First, Middle Initial)
MR. LOUIS CHERTKOW

Mailing Address P.O. BOX 910968

City State Zip Code
LOS ANGELES CA 90091-0931

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

Name of Employer Occupation
ELKAY PLASTICS COMPANY INC. PRESIDENT & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.1037407

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2008

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MS. MARSHA M. CHESBRO

Mailing Address 1298 PARK W. DRIVE
APARTMENT 9

City State Zip Code
GREENVILLE NC 27834-8227

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

Name of Employer Occupation
PITT COUNTY MEMORIAL HOSPITAL REGISTERED NURSE

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17.1105811

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2008

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MS. RENEE CHESLEY

Mailing Address 160 BROAD STREET

City State Zip Code
SUMMIT NJ 07901-3977

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

Name of Employer Occupation
CERTIFIED CARPET MANAGEMENT SELF-EMPLOYED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.1034172

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2008

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 1150.00

Total This Period (last page this line number only).....▶