

**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 1331 / 1350

17 18 19a 19b
 20a 20b 20c 21

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

<p>A. Full Name (Last, First, Middle Initial) RICHARD BROWN</p>	<p>Transaction ID: SB20.55 Date of Disbursement</p>
<p>Mailing Address 660 W HOME RD</p>	<p><input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/></p>
<p>City SPRINGFIELD State OH Zip Code 45504</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement CONTRIBUTION REFUND</p>	<p><input type="text" value="50.00"/></p>
<p>Candidate Name</p>	<p>Category/ Type</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) SUE M. CANNON</p>	<p>Transaction ID: SB20.58 Date of Disbursement</p>
<p>Mailing Address 6420 W LAKERIDGE RD</p>	<p><input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/></p>
<p>City LAKEWOOD State CO Zip Code 80227</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement CONTRIBUTION REFUND</p>	<p><input type="text" value="1200.00"/></p>
<p>Candidate Name</p>	<p>Category/ Type</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) DEBRA CASTLE</p>	<p>Transaction ID: SB20.48 Date of Disbursement</p>
<p>Mailing Address 6048 NW 36TH TERR</p>	<p><input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/></p>
<p>City GAINESVILLE State FL Zip Code 32653</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement CONTRIBUTION REFUND</p>	<p><input type="text" value="50.00"/></p>
<p>Candidate Name</p>	<p>Category/ Type</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1300.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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