

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 2308 / 6049

<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

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)
JOHN MCCAIN 2008, INC.

A. Full Name (Last, First, Middle Initial) MS. VIVIAN L. KIMBLE			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y															
0	4		2	4		2	0	0	7															
Mailing Address 9 HUNTSMAN			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">600.00</td> </tr> </table>		600.00																			
600.00																								
City LEMONT		State IL	Zip Code 60439-9148		CONTRIBUTION Transaction ID: SA17.459448																			
FEC ID number of contributing federal political committee.			<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																					
Name of Employer		Occupation RETIRED																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">2600.00</td> </tr> </table>		2600.00																				
2600.00																								
B. Full Name (Last, First, Middle Initial) MS. VIVIAN L. KIMBLE			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y															
0	5		1	0		2	0	0	7															
Mailing Address 9 HUNTSMAN			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>		500.00																			
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City LEMONT		State IL	Zip Code 60439-9148		CONTRIBUTION Transaction ID: SA17.467150																			
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Name of Employer		Occupation RETIRED																						
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M	M	/	D	D	/	Y	Y	Y	Y															
0	5		2	1		2	0	0	7															
Mailing Address 9 HUNTSMAN			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">-300.00</td> </tr> </table>		-300.00																			
-300.00																								
City LEMONT		State IL	Zip Code 60439-9148		CONTRIBUTION [MEMO ITEM] REDESIGNATION TO GENERAL Transaction ID: SA17.467150B																			
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2600.00																								

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)