

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

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

FOR LINE NUMBER:
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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

A. SAM WINDER Full Name (Last, First, Middle Initial) Mailing Address 6415 STAR BRIGHT RD. N.W. City ALBUQUERQUE State NM Zip Code 87120 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB.2009 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period 100.00
B. EUGENE WITKE Full Name (Last, First, Middle Initial) Mailing Address 7965 SADDLEBROOK DR City PT ST LUCIE State FL Zip Code 34986 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB.1097 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 1500.00
C. G.R. ARMSTRONG ENTERPRISES Full Name (Last, First, Middle Initial) Mailing Address 1524 HARVEY ROAD City OSWEGO State IL Zip Code 60543 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB.2086 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 50.00
SUBTOTAL of Disbursements This Page (optional) ▶		1650.00
TOTAL This Period (last page this line number only) ▶		