

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 33 OF 99  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)  
**FRIENDS OF JOHN MCCAIN, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. HEATHER MURREN**

Mailing Address **9101 W. SAHARA AVE., STE. 105-H9**

City **LAS VEGAS** State **NV** Zip Code **89117-5772**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 25 / 2014**

Transaction ID : **SA11.3082954**

Amount of Each Receipt this Period  
**2600.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES J. MURREN**

Mailing Address **9101 W. SAHARA AVE., STE. 105-H9**

City **LAS VEGAS** State **NV** Zip Code **89117-5748**

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

Name of Employer **MGM GRAND, INC.** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 25 / 2014**

Transaction ID : **SA11.3082967**

Amount of Each Receipt this Period  
**2600.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TAHMINEH NEJADIAN**

Mailing Address **1 SPINDRIFT CIR., APT. J**

City **PARKVILLE** State **MD** Zip Code **21234**

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

Name of Employer **NATIONAL INSTITUTES OF HEALTH** Occupation **DATA MANAGEMENT TECHNICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2324.45**

Date of Receipt  
MM / DD / YYYY  
**03 / 29 / 2014**

Transaction ID : **SA11.3082986**

Amount of Each Receipt this Period  
**2324.45**  
CONTRIBUTION

IN-KIND: CATERING

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**7524.45**

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