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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

05 OCT 14 PM 5:13 HD

Office Use Only

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines

FRIENDS OF JOHN MCCAIN

ADDRESS (number and street) ▼: 211 NORTH UNION STREET SUITE 200

Check if different than previously reported. (ACC)

CITY ▲: ALEXANDRIA | STATE ▲: VA | ZIP CODE ▲: 22314

2. FEC IDENTIFICATION NUMBER ▼: C00341891

3. IS THIS REPORT: x NEW (N) OR AMENDED (A)

STATE ▼ DISTRICT: AZ

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- X October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on ____ in the State of ____

(c) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on ____ in the State of ____

5. Covering Period 07 01 2005 through 09 30 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Thomas Holtrup

Signature of Treasurer: Thomas P. Holtrup Date 10 14 2005

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

FRIENDS OF JOHN MCCAIN

Report Covering the Period: From: 07 01 2005 To: 09 30 2005

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	22771.00	101525.74
(b) Total Contribution Refunds (from Line 20(d))	0.00	8280.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	22771.00	93245.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	58883.32	440634.37
(b) Total Offsets to Operating Expenditures (from Line 14)	274.00	4946.29
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	58619.32	435688.08
8. Cash on Hand at Close of Reporting Period (from Line 27)	1070922.13	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

25020403449

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
FRIENDS OF JOHN MCCAIN

Report Covering the Period: From: M M 07 D D 01 Y Y Y Y 2005 To: M M 09 D D 30 Y Y Y Y 2005

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17125.00	67495.00
(ii) Unitemized	5646.00	23030.74
(iii) TOTAL of contributions from Individuals ▶	22771.00	90525.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACS)	0.00	11000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	22771.00	101525.74
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	274.00	4946.29
15. OTHER RECEIPTS (Dividends, Interest, etc.)	14474.60	34854.34
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	37519.60	141326.37

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	58693.32	440634.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	8280.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	8280.00
21. OTHER DISBURSEMENTS	104796.00	112311.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	163689.32	561225.37

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1197091.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	37519.60
25. SUBTOTAL (add Line 23 and Line 24)	1234611.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	163689.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1070922.13

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 53
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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 committees.

NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Mr. Norman H. Bevan
Mailing Address 22 E Bend Ln
City: Houston | State: TX | Zip Code: 77007
FEC ID number of contributing federal political committee: C
Name of Employer: Innovus Financial Solutions
Occupation: President
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 07 12 2005
Transaction ID: SA11A1.9972
Amount of Each Receipt this Period: 1000.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. David F. Byers, Jr.
Mailing Address 2 Metroplex Dr Ste 111
City: Birmingham | State: AL | Zip Code: 35209
FEC ID number of contributing federal political committee: C
Name of Employer: Capital Strategies
Occupation: Insurance Underwriter
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 09 23 2005
Transaction ID: SA11A1.10048
Amount of Each Receipt this Period: 500.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. David F. Byers, Jr.
Mailing Address 2 Metroplex Dr Ste 111
City: Birmingham | State: AL | Zip Code: 35209
FEC ID number of contributing federal political committee: C
Name of Employer: Capital Strategies
Occupation: Insurance Underwriter
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 09 30 2005
Transaction ID: SA11A1.10049
Amount of Each Receipt this Period: 1000.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 53

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
Mr. J. Dennis Cavner
Mailing Address 6850 Austin Center Blvd
Ste 350
City: Austin
State: TX
Zip Code: 78731
FEC ID number of contributing federal political committee.: C
Name of Employer: Waxman, Cavner & Lawson
Occupation: Partner
Receipt For: 2010
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 09 30 2005
Transaction ID: SA11A1.10059
Amount of Each Receipt this Period: 500.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Mr. Jac Chambliss
Mailing Address 2 Union Sq
Ste 1000
City: Chattanooga
State: TN
Zip Code: 37402
FEC ID number of contributing federal political committee.: C
Name of Employer: Self
Occupation: Attorney
Receipt For: 2010
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 08 01 2005
Transaction ID: SA11A1.9893
Amount of Each Receipt this Period: 1000.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Mr. Mark A. Eden
Mailing Address 5299 Long Island Dr NW
City: Atlanta
State: GA
Zip Code: 30327
FEC ID number of contributing federal political committee.: C
Name of Employer: Nease, Lagarde, Eden & Culley
Occupation: Vice President
Receipt For: 2010
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 07 12 2005
Transaction ID: SA11A1.9970
Amount of Each Receipt this Period: 450.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1950.00

TOTAL This Period (last page this line number only) ▶

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
Mr. Alan L. Fry
Mailing Address 15112 Lime Rd
City: Huntertown | State: IN | Zip Code: 46748
FEC ID number of contributing federal political committee: C
Name of Employer: Lincoln Financial Group
Occupation: Planning Specialist
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 09 30 2005
Transaction ID: SA11A1.9937
Amount of Each Receipt this Period: 225.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Mr. Guy J. Fury
Mailing Address 1867 E 35th St
City: Brooklyn | State: NY | Zip Code: 11234
FEC ID number of contributing federal political committee: C
Name of Employer: Allstate Insurance
Occupation: Claims Manager
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 05 2005
Transaction ID: SA11A1.9919
Amount of Each Receipt this Period: 250.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Mr. John E. Grimm, III
Mailing Address 36 Sutton Pl S # 4A
City: New York | State: NY | Zip Code: 10022
FEC ID number of contributing federal political committee: C
Name of Employer: Midbrook, Inc.
Occupation: CEO
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 09 23 2005
Transaction ID: SA11A1.10051
Amount of Each Receipt this Period: 250.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 725.00

TOTAL This Period (last page this line number only) ▶

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 53
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Mr. Carroll Y. Hill
Mailing Address 801 Olde Trl
City: North Platte | State: NE | Zip Code: 69101
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: Retired
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 07 12 2005
Transaction ID: SA11A1.9956
Amount of Each Receipt this Period: 250.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey M. Holler
Mailing Address 7114 Big Bear Lake Dr
City: Arlington | State: TX | Zip Code: 76016
FEC ID number of contributing federal political committee: C
Name of Employer: The Capitol Chart Group
Occupation: Financial Planner
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 08 01 2005
Transaction ID: SA11A1.10008
Amount of Each Receipt this Period: 400.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Barton L. Kaufman
Mailing Address PO Box 4587
City: Carmel | State: IN | Zip Code: 46082
FEC ID number of contributing federal political committee: C
Name of Employer: Kaufman Financial Corp.
Occupation: Chief Executive Officer
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 07 12 2005
Transaction ID: SA11A1.9923
Amount of Each Receipt this Period: 500.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1150.00

TOTAL This Period (last page this line number only) ▶

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 53
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
Mr. Kurt L. Kidder
Mailing Address 1 N Wacker Dr
Ste 4600
City: Chicago
State: IL
Zip Code: 60606
FEC ID number of contributing federal political committee: C
Name of Employer: Northwestern Mutual
Occupation: Director
Receipt For: 2010
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 600.00

Date of Receipt: 09 / 02 / 2005
Transaction ID: SA11A1.10044
Amount of Each Receipt this Period: 600.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Mr. Ronald Krizek
Mailing Address 500 Elm Grove Rd
Ste 103
City: Elm Grove
State: WI
Zip Code: 53122
FEC ID number of contributing federal political committee: C
Name of Employer: The Krizek Group
Occupation: Executive
Receipt For: 2010
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 07 / 12 / 2005
Transaction ID: SA11A1.9974
Amount of Each Receipt this Period: 300.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Mr. John E. Lagana
Mailing Address 2100 Riveredge Pkwy NW
Ste 200
City: Atlanta
State: GA
Zip Code: 30328
FEC ID number of contributing federal political committee: C
Name of Employer: Nease, Lagana, Eden & Culley
Occupation: Insurance Agent
Receipt For: 2010
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 07 / 12 / 2005
Transaction ID: SA11A1.9962
Amount of Each Receipt this Period: 450.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1350.00

TOTAL This Period (last page this line number only) ▶

25020403456

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 53
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Mr. John B. Lawson
Mailing Address 2401 Enfield Rd
City: Austin | State: TX | Zip Code: 78703
FEC ID number of contributing federal political committee: C
Name of Employer Principal
Occupation: Waxman, Cavner, & Lawson
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 09 30 2005
Transaction ID: SA11A1.10063
Amount of Each Receipt this Period: 500.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Richard H. Lloyd
Mailing Address 930 Astern Way Unit 506
City: Annapolis | State: MD | Zip Code: 21401
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation: Retired
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 600.00

Date of Receipt: 08 01 2005
Transaction ID: SA11A1.9913
Amount of Each Receipt this Period: 200.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. J. Peter Lyons
Mailing Address 800 South St Watermill Center
City: Waltham | State: MA | Zip Code: 02453
FEC ID number of contributing federal political committee: C
Name of Employer The Lyons Companies
Occupation: Chairman
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 08 01 2005
Transaction ID: SA11A1.10008
Amount of Each Receipt this Period: 1000.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1700.00

TOTAL This Period (last page this line number only) ▶

25020403457

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 53
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Mr. John G. Marshall
Mailing Address 35735 Mound Rd
City: Sterling Heights | State: MI | Zip Code: 48310
FEC ID number of contributing federal political committee: C
Name of Employer: Advanced Life Underwriting
Occupation: Insurance Counselor
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 09 02 2005
Transaction ID: SA11A1.8933
Amount of Each Receipt this Period: 1000.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. James E. Meckley
Mailing Address 165 Matsonford Rd
City: Radnor | State: PA | Zip Code: 19087
FEC ID number of contributing federal political committee: C
Name of Employer: Greystone Materials
Occupation: President
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 09 20 2005
Transaction ID: SA11A1.10069
Amount of Each Receipt this Period: 2000.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. James G. Mitonas
Mailing Address 330 S Naperville Rd Ste 312
City: Wheaton | State: IL | Zip Code: 60187
FEC ID number of contributing federal political committee: C
Name of Employer: Northwestern Mutual
Occupation: Financial Representative
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 600.00

Date of Receipt: 07 12 2005
Transaction ID: SA11A1.9964
Amount of Each Receipt this Period: 600.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3600.00

TOTAL This Period (last page this line number only) ▶

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 12 / 53

[X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Mr. Mark Murphy
Mailing Address 3 Becker Farm Rd
4th Fl
City: Roseland | State: NJ | Zip Code: 07068
FEC ID number of contributing federal political committee: C
Name of Employer: Northeast Private Client Group
Occupation: Field Representative
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 01 2005
Transaction ID: SA11A1.10012
Amount of Each Receipt this Period: 250.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. George W. Perry
Mailing Address 5908 Fallsview Ln
City: Dallas | State: TX | Zip Code: 75252
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: Retired
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 08 01 2005
Transaction ID: SA11A1.9886
Amount of Each Receipt this Period: 1000.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. David L. Roberson
Mailing Address 2 Archipelago Dr
City: Newport Beach | State: CA | Zip Code: 92657
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Insurance Underwriter
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 08 22 2005
Transaction ID: SA11A1.10034
Amount of Each Receipt this Period: 1000.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

TOTAL This Period (last page this line number only) ▶

25020403459

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 53
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Mr. Murray Samuell, Jr.
Mailing Address 3130 S Kinney Rd
City: Tucson | State: AZ | Zip Code: 85713
FEC ID number of contributing federal political committee: C
Name of Employer: Tucson Estates Inc
Occupation: Developer
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 08 01 2005
Transaction ID: SA11A1.9879
Amount of Each Receipt this Period: 250.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ms. Shirley D. Steve
Mailing Address 142 Charleston Ln
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: John Hancock Life Ins.
Occupation: Vice President
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 08 01 2005
Transaction ID: SA11A1.10014
Amount of Each Receipt this Period: 250.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ms. Barbara A. Tomeo
Mailing Address 4241 Ellinwood Blvd
City: Palm Harbor | State: FL | Zip Code: 34685
FEC ID number of contributing federal political committee: C
Name of Employer: Thomas Financial Group
Occupation: Executive
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 08 22 2005
Transaction ID: SA11A1.9935
Amount of Each Receipt this Period: 500.00
Contribution
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

25020403460

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 53
(check only one)

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Mr. Norman H. Winer

Mailing Address 8927 S Minnehaha Cir

City: St Louis Park | State: MN | Zip Code: 55425

FEC ID number of contributing federal political committee: C

Name of Employer:

Occupation: Retired

Receipt For: 2010
X Primary General
Other (specify)

Election Cycle-to-Date: 900.00

Date of Receipt: 07 / 12 / 2005

Transaction ID: SA11A1.9929

Amount of Each Receipt this Period: 900.00

Contribution

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	17125.00

25020403461

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 53
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
A&E Television Networks
Mailing Address 235 E 45th Street
City: New York
State: NY
Zip Code: 10017
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:

Date of Receipt
07 / 12 / 2005
Transaction ID: SA14.10249
Amount of Each Receipt this Period
274.00
Travel Reimbursement
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
274.00

SUBTOTAL of Receipts This Page (optional) ▶	274.00
TOTAL This Period (last page this line number only) ▶	274.00

25020403462

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 53
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
Bank One
Mailing Address 5740 West Camelback
City: Phoenix | State: AZ | Zip Code: 85301
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 24293.45

Date of Receipt: 07 05 2005
Transaction ID: SA15.10195
Amount of Each Receipt this Period: 4326.28
Dividends
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Bank One
Mailing Address 5740 West Camelback
City: Phoenix | State: AZ | Zip Code: 85301
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 28637.47

Date of Receipt: 08 01 2005
Transaction ID: SA15.10196
Amount of Each Receipt this Period: 4344.02
Dividends
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Bank One
Mailing Address 5740 West Camelback
City: Phoenix | State: AZ | Zip Code: 85301
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 33425.00

Date of Receipt: 09 01 2005
Transaction ID: SA15.10197
Amount of Each Receipt this Period: 4787.53
Dividends
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 13457.83

TOTAL This Period (last page this line number only) ▶

25020403463

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 17 / 53

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
STRAIGHT TALK AMERICA

Mailing Address 211 NORTH UNION STREET SUITE 200

City: ALEXANDRIA
State: VA
Zip Code: 22314

FEC ID number of contributing federal political committee: C C00413245

Name of Employer:
Occupation:

Receipt For:
Primary General
Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 30 2005

Transaction ID: SA15.10203

Amount of Each Receipt this Period: 1000.00

Payment for Name Use

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	14457.83

25020403464

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Amazon.Com

Mailing Address PO Box 81226

City Seattle | State WA | Zip Code 98108

Purpose of Disbursement
Book Purchase

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10085
Date of Disbursement 09 / 19 / 2005

Amount of Each Disbursement this Period
741.90

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Amber L. Johnson

Mailing Address 211 North Union

City Alexandria | State VA | Zip Code 22314

Purpose of Disbursement
Salaries

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10145
Date of Disbursement 07 / 15 / 2005

Amount of Each Disbursement this Period
1834.52

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Amber L. Johnson

Mailing Address 211 North Union

City Alexandria | State VA | Zip Code 22314

Purpose of Disbursement
Salaries

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10146
Date of Disbursement 07 / 29 / 2005

Amount of Each Disbursement this Period
1834.52

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4410.94

TOTAL This Period (last page this line number only) ▶

25020403465

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Amber L. Johnson

Mailing Address 211 North Union

City Alexandria | State VA | Zip Code 22314

Purpose of Disbursement: Salaries
Candidate Name:
Category/ Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10147
Date of Disbursement: 08 / 15 / 2005

Amount of Each Disbursement this Period: 1834.52

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Amber L. Johnson

Mailing Address 211 North Union

City Alexandria | State VA | Zip Code 22314

Purpose of Disbursement: Salaries
Candidate Name:
Category/ Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10148
Date of Disbursement: 08 / 31 / 2005

Amount of Each Disbursement this Period: 1834.52

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 1270

City Newark | State NJ | Zip Code 07101

Purpose of Disbursement: See Memo
Candidate Name:
Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10174
Date of Disbursement: 07 / 18 / 2005

Amount of Each Disbursement this Period: 1072.90

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4741.94

TOTAL This Period (last page this line number only) ▶

25020403466

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Amazon.Com

Mailing Address PO Box 81226

City: Seattle | State: WA | Zip Code: 98108

Purpose of Disbursement: Book Purchase
Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10174.2
Date of Disbursement: 07 18 2005

Amount of Each Disbursement this Period: 235.24

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
America West Airlines

Mailing Address PO Box 20500

City: Phoenix | State: AZ | Zip Code: 85036

Purpose of Disbursement: Travel
Candidate Name:

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10174.3
Date of Disbursement: 07 18 2005

Amount of Each Disbursement this Period: 377.45

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address PO Box 619133

City: Dallas | State: TX | Zip Code: 75261

Purpose of Disbursement: Travel
Candidate Name:

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10174.4
Date of Disbursement: 07 18 2005

Amount of Each Disbursement this Period: 793.90

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

25020403467

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address PO Box 20706

City Atlanta | State GA | Zip Code 30320

Purpose of Disbursement: Air Travel
Candidate Name:
Category/ Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10174.5
Date of Disbursement: 07 | 18 | 2005

Amount of Each Disbursement this Period: 253.20

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago | State IL | Zip Code 60666

Purpose of Disbursement: Air fare Credit
Candidate Name:
Category/ Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10174.6
Date of Disbursement: 07 | 18 | 2005

Amount of Each Disbursement this Period: -619.40

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address PO Box 2502

City Winston Salem | State NC | Zip Code 27102

Purpose of Disbursement: Airfare credit
Candidate Name:
Category/ Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10174.7
Date of Disbursement: 07 | 18 | 2005

Amount of Each Disbursement this Period: -49.50

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

25020403468

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address PO Box 2502

City: Winston Salem | State: NC | Zip Code: 27102

Purpose of Disbursement: Airfare Credit

Candidate Name:

Category/ Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10174.8
Date of Disbursement: 07 / 18 / 2005

Amount of Each Disbursement this Period: -129.20

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 1270

City: Newark | State: NJ | Zip Code: 07101

Purpose of Disbursement: See Memo

Candidate Name:

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10175
Date of Disbursement: 08 / 15 / 2005

Amount of Each Disbursement this Period: 1116.82

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
America West Airlines

Mailing Address PO Box 20500

City: Phoenix | State: AZ | Zip Code: 85036

Purpose of Disbursement: Air Travel

Candidate Name:

Category/ Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10175.0
Date of Disbursement: 08 / 15 / 2005

Amount of Each Disbursement this Period: -173.05

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ **1116.82**

TOTAL This Period (last page this line number only) ▶

25020403469

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address PO Box 619133

City: Dallas | State: TX | Zip Code: 75261

Purpose of Disbursement: Air Travel

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Category/Type: 002

Transaction ID: SB17.10175.1
Date of Disbursement: 08 15 2005

Amount of Each Disbursement this Period: 557.70

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Carey International

Mailing Address 520 North Capitol Street

City: Washington | State: DC | Zip Code: 20002

Purpose of Disbursement: Travel

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Category/Type: 002

Transaction ID: SB17.10175.3
Date of Disbursement: 08 15 2005

Amount of Each Disbursement this Period: 131.04

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mansion on Turtle Creek

Mailing Address 2821 Turtle Creek Blvd

City: Dallas | State: TX | Zip Code: 75219

Purpose of Disbursement: Staff Lodging

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Category/Type: 002

Transaction ID: SB17.10175.4
Date of Disbursement: 08 15 2005

Amount of Each Disbursement this Period: 389.70

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

25020403470

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 1270

City Newark | State NJ | Zip Code 07101

Purpose of Disbursement
Annual Program Fee

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10175.5
Date of Disbursement 08 / 15 / 2005

Amount of Each Disbursement this Period
40.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
McNair Travel Agency

Mailing Address 1703 Duke Street

City Alexandria | State VA | Zip Code 22314

Purpose of Disbursement
Travel Agency Fees

Candidate Name

002 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10175.6
Date of Disbursement 08 / 15 / 2005

Amount of Each Disbursement this Period
140.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Architectural Digest

Mailing Address c/o Beverley Montgomery
6300 Wilshire Blvd., Ste. 1100

City Los Angeles | State CA | Zip Code 90048

Purpose of Disbursement
Magazine purchase

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10159
Date of Disbursement 07 / 25 / 2005

Amount of Each Disbursement this Period
892.50

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 892.50

TOTAL This Period (last page this line number only) ▶

25020403471

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
AT&T

Mailing Address PO Box 2971

City Omaha | State NE | Zip Code 68103

Purpose of Disbursement
Telephone

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10170
Date of Disbursement 07 / 18 / 2005

Amount of Each Disbursement this Period
198.74

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
AT&T

Mailing Address PO Box 2971

City Omaha | State NE | Zip Code 68103

Purpose of Disbursement
Telephone

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10171
Date of Disbursement 07 / 29 / 2005

Amount of Each Disbursement this Period
196.93

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
AT&T

Mailing Address PO Box 2971

City Omaha | State NE | Zip Code 68103

Purpose of Disbursement
Telephone

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10172
Date of Disbursement 09 / 02 / 2005

Amount of Each Disbursement this Period
193.74

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 589.41

TOTAL This Period (last page this line number only) ▶

25020403472

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 18a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Avaya

Mailing Address PO Box 93000

City Chicago | State IL | Zip Code 60673-3000

Purpose of Disbursement
Equipment Lease

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10117
Date of Disbursement 07 18 2005

Amount of Each Disbursement this Period
186.85

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Avaya

Mailing Address PO Box 93000

City Chicago | State IL | Zip Code 60673-3000

Purpose of Disbursement
Equipment Lease

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10118
Date of Disbursement 08 15 2005

Amount of Each Disbursement this Period
192.27

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Avaya

Mailing Address PO Box 93000

City Chicago | State IL | Zip Code 60673-3000

Purpose of Disbursement
Equipment Lease

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10119
Date of Disbursement 08 12 2005

Amount of Each Disbursement this Period
192.27

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 571.39

TOTAL This Period (last page this line number only) ▶

25020403473

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Capital Self Storage

Mailing Address 301 N St NE

City: Washington | State: DC | Zip Code: 20002

Purpose of Disbursement: Storage

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10152
Date of Disbursement: 07 / 18 / 2005

Amount of Each Disbursement this Period: 90.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Capital Self Storage

Mailing Address 301 N St NE

City: Washington | State: DC | Zip Code: 20002

Purpose of Disbursement: Storage

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10153
Date of Disbursement: 08 / 19 / 2005

Amount of Each Disbursement this Period: 90.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Care First Blue Cross Blue Shield

Mailing Address PO Box 79749

City: Baltimore | State: MD | Zip Code: 21279

Purpose of Disbursement: Health Insurance

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10125
Date of Disbursement: 07 / 18 / 2005

Amount of Each Disbursement this Period: 682.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 862.00

TOTAL This Period (last page this line number only) ▶

25020403474

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Care First Blue Cross Blue Shield

Mailing Address PO Box 79749

City Baltimore | State MD | Zip Code 21279

Purpose of Disbursement
Health Insurance

Candidate Name

001 Category/ Type

Transaction ID: SB17.10126
Date of Disbursement 08 / 15 / 2005

Amount of Each Disbursement this Period
682.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial)
Cingular

Mailing Address PO Box 17356

City Baltimore | State MD | Zip Code 21297

Purpose of Disbursement
Telephone

Candidate Name

001 Category/ Type

Transaction ID: SB17.10162
Date of Disbursement 07 / 18 / 2005

Amount of Each Disbursement this Period
170.05

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

C. Full Name (Last, First, Middle Initial)
Cingular

Mailing Address PO Box 17356

City Baltimore | State MD | Zip Code 21297

Purpose of Disbursement
Telephone

Candidate Name

001 Category/ Type

Transaction ID: SB17.10163
Date of Disbursement 07 / 29 / 2005

Amount of Each Disbursement this Period
111.22

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 963.27

TOTAL This Period (last page this line number only) ▶

25020403475

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Cingular

Mailing Address PO Box 17356

City Baltimore | State MD | Zip Code 21297

Purpose of Disbursement
Telephone

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10164
Date of Disbursement 08 / 15 / 2005

Amount of Each Disbursement this Period
165.82

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Cingular

Mailing Address PO Box 17356

City Baltimore | State MD | Zip Code 21297

Purpose of Disbursement
Telephone

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10165
Date of Disbursement 09 / 02 / 2005

Amount of Each Disbursement this Period
114.40

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Cingular

Mailing Address PO Box 17356

City Baltimore | State MD | Zip Code 21297

Purpose of Disbursement
Telephone

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10166
Date of Disbursement 09 / 12 / 2005

Amount of Each Disbursement this Period
167.37

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 447.59

TOTAL This Period (last page this line number only) ▶

25020403476

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
Davis Manafort
Mailing Address 211 North Union Street
Suite 250
City Alexandria State VA Zip Code 22314
Purpose of Disbursement: Meeting Expense
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10127
Date of Disbursement 09 / 26 / 2005
Amount of Each Disbursement this Period 124.95
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Distinctive Stationery
Mailing Address Suite 1
1321 Mercedes Drive
City Hanover State MD Zip Code 21076
Purpose of Disbursement: Office Supplies
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10129
Date of Disbursement 07 / 18 / 2005
Amount of Each Disbursement this Period 2452.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Earthlink, Inc.
Mailing Address PO Box 7645
City Atlanta State GA Zip Code 30353-0530
Purpose of Disbursement: Subscriptions and publications
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10160
Date of Disbursement 07 / 18 / 2005
Amount of Each Disbursement this Period 52.85
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **2629.80**

TOTAL This Period (last page this line number only) ▶

25020403477

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Earthlink, Inc.

Mailing Address PO Box 7645

City Atlanta | State GA | Zip Code 30353-0530

Purpose of Disbursement
Subscriptions and publications

Candidate Name

001 Category/ Type

Transaction ID: SB17.10161
Date of Disbursement 08 15 2005

Amount of Each Disbursement this Period 52.85

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial)
E Donation

Mailing Address 118 North St. Asaph Street

City Alexandria | State VA | Zip Code 22314

Purpose of Disbursement
Bank Charges

Candidate Name

001 Category/ Type

Transaction ID: SB17.10080
Date of Disbursement 08 15 2005

Amount of Each Disbursement this Period 152.28

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

C. Full Name (Last, First, Middle Initial)
E Donation

Mailing Address 118 North St. Asaph Street

City Alexandria | State VA | Zip Code 22314

Purpose of Disbursement
Bank Charges

Candidate Name

001 Category/ Type

Transaction ID: SB17.10081
Date of Disbursement 09 30 2005

Amount of Each Disbursement this Period 212.60

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 417.73

TOTAL This Period (last page this line number only) ▶

25020403478

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
Federal Express
Mailing Address PO Box 3711461
City: Pittsburgh | State: PA | Zip Code: 15250-7461
Purpose of Disbursement: Delivery
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10104
Date of Disbursement: 07 / 18 / 2005
Amount of Each Disbursement this Period: 188.89
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Federal Express
Mailing Address PO Box 3711461
City: Pittsburgh | State: PA | Zip Code: 15250-7461
Purpose of Disbursement: Delivery
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10105
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 37.63
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Federal Express
Mailing Address PO Box 3711461
City: Pittsburgh | State: PA | Zip Code: 15250-7461
Purpose of Disbursement: Delivery
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10106
Date of Disbursement: 08 / 15 / 2005
Amount of Each Disbursement this Period: 37.63
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 264.15

TOTAL This Period (last page this line number only) ▶

25020403479

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
Federal Express
Mailing Address PO Box 3711461
City Pittsburgh
State PA
Zip Code 15250-7461
Purpose of Disbursement
Delivery
Candidate Name
001 Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10107
Date of Disbursement 09 / 02 / 2005
Amount of Each Disbursement this Period 294.57
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Focus Data Solutions, Inc.
Mailing Address 101 N. Alfred Street, Ste. 201
City Alexandria
State VA
Zip Code 22314
Purpose of Disbursement
Website Expense
Candidate Name
001 Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10183
Date of Disbursement 07 / 18 / 2005
Amount of Each Disbursement this Period 1000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Focus Data Solutions, Inc.
Mailing Address 101 N. Alfred Street, Ste. 201
City Alexandria
State VA
Zip Code 22314
Purpose of Disbursement
Website Expense
Candidate Name
001 Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10184
Date of Disbursement 08 / 15 / 2005
Amount of Each Disbursement this Period 1000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2294.57

TOTAL This Period (last page this line number only) ▶

25020403480

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)
[X] 17 [ ] 18 [ ] 18a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
Focus Data Solutions, Inc.
Mailing Address 101 N. Alfred Street, Ste. 201
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: Website Expense
Candidate Name:
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10186
Date of Disbursement: 09 / 12 / 2005
Amount of Each Disbursement this Period: 1000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
IDMI
Mailing Address 490 White Pond Drive
City: Akron | State: OH | Zip Code: 44320
Purpose of Disbursement: Data Base File Maintenance
Candidate Name:
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10099
Date of Disbursement: 07 / 18 / 2005
Amount of Each Disbursement this Period: 817.41
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
IDMI
Mailing Address 490 White Pond Drive
City: Akron | State: OH | Zip Code: 44320
Purpose of Disbursement: Data Base File Maintenance
Candidate Name:
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10100
Date of Disbursement: 07 / 18 / 2005
Amount of Each Disbursement this Period: 989.99
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2807.40

TOTAL This Period (last page this line number only) ▶

25020403481

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
IDMI
Mailing Address 490 White Pond Drive
City: Akron | State: OH | Zip Code: 44320
Purpose of Disbursement: Data Base File Maintenance
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10101
Date of Disbursement: 08 / 15 / 2005
Amount of Each Disbursement this Period: 800.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
IDMI
Mailing Address 490 White Pond Drive
City: Akron | State: OH | Zip Code: 44320
Purpose of Disbursement: Data Base File Maintenance
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10102
Date of Disbursement: 08 / 15 / 2005
Amount of Each Disbursement this Period: 523.43
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
IDMI
Mailing Address 490 White Pond Drive
City: Akron | State: OH | Zip Code: 44320
Purpose of Disbursement: Data Base File Maintenance
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10103
Date of Disbursement: 09 / 02 / 2005
Amount of Each Disbursement this Period: 953.17
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2276.60

TOTAL This Period (last page this line number only) ▶

25020403482

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
Integrated Web Strategy,LLC
Mailing Address 535 West Georgia Ave
City: Phoenix | State: AZ | Zip Code: 85013
Purpose of Disbursement: Direct Mail - BRE
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10111
Date of Disbursement: 07 / 18 / 2005
Amount of Each Disbursement this Period: 110.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Integrated Web Strategy,LLC
Mailing Address 535 West Georgia Ave
City: Phoenix | State: AZ | Zip Code: 85013
Purpose of Disbursement: Website Consultant
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10181
Date of Disbursement: 07 / 18 / 2005
Amount of Each Disbursement this Period: 1500.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Integrated Web Strategy,LLC
Mailing Address 535 West Georgia Ave
City: Phoenix | State: AZ | Zip Code: 85013
Purpose of Disbursement: Website Expense
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10187
Date of Disbursement: 07 / 18 / 2005
Amount of Each Disbursement this Period: 50.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1660.00
TOTAL This Period (last page this line number only) ▶	

25020403483

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Integrated Web Strategy,LLC

Mailing Address 535 West Georgia Ave

City Phoenix | State AZ | Zip Code 85013

Purpose of Disbursement
Office Supplies

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10130
Date of Disbursement 09 / 15 / 2005

Amount of Each Disbursement this Period
150.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Integrated Web Strategy,LLC

Mailing Address 535 West Georgia Ave

City Phoenix | State AZ | Zip Code 85013

Purpose of Disbursement
Postage - Administrative

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10139
Date of Disbursement 08 / 15 / 2005

Amount of Each Disbursement this Period
74.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Integrated Web Strategy,LLC

Mailing Address 535 West Georgia Ave

City Phoenix | State AZ | Zip Code 85013

Purpose of Disbursement
Website Consultant

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10182
Date of Disbursement 06 / 15 / 2005

Amount of Each Disbursement this Period
1550.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1774.00

TOTAL This Period (last page this line number only) ▶

25020403484

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Integrated Web Strategy,LLC

Mailing Address 535 West Georgia Ave

City: Phoenix | State: AZ | Zip Code: 85013

Purpose of Disbursement: Event Expense - Photography
Candidate Name:
Category/ Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10120
Date of Disbursement: 09 / 12 / 2005

Amount of Each Disbursement this Period: 250.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Integrated Web Strategy,LLC

Mailing Address 535 West Georgia Ave

City: Phoenix | State: AZ | Zip Code: 85013

Purpose of Disbursement: Office Supplies
Candidate Name:
Category/ Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10131
Date of Disbursement: 09 / 12 / 2005

Amount of Each Disbursement this Period: 40.90

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Integrated Web Strategy,LLC

Mailing Address 535 West Georgia Ave

City: Phoenix | State: AZ | Zip Code: 85013

Purpose of Disbursement: Postage - Administrative
Candidate Name:
Category/ Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10140
Date of Disbursement: 09 / 26 / 2005

Amount of Each Disbursement this Period: 2274.50

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2565.40

TOTAL This Period (last page this line number only) ▶

25020403485

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
Karen L. Kessenich
Mailing Address 12186 Hickory Knoll Place
City Fairfax | State AZ | Zip Code 22033
Purpose of Disbursement: Scheduling Consultant
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10150
Date of Disbursement 08 / 01 / 2005
Amount of Each Disbursement this Period 1250.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Karen L. Kessenich
Mailing Address 12186 Hickory Knoll Place
City Fairfax | State AZ | Zip Code 22033
Purpose of Disbursement: Scheduling Consultant
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10151
Date of Disbursement 09 / 02 / 2005
Amount of Each Disbursement this Period 5000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Nahigian Strategies, LLC
Mailing Address 331 Cameron Station Blvd.
City Alexandria | State VA | Zip Code 22304
Purpose of Disbursement: Compliance Consultant
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10121
Date of Disbursement 07 / 16 / 2005
Amount of Each Disbursement this Period 4000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 10250.00

TOTAL This Period (last page this line number only) ▶

25020403486

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 40 / 53

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Nahigian Strategies, LLC

Mailing Address 331 Cameron Station Blvd.

City: Alexandria | State: VA | Zip Code: 22304

Purpose of Disbursement: Compliance Consultant

Candidate Name:

Category/ Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10122
Date of Disbursement: 08 / 22 / 2005

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Nahigian Strategies, LLC

Mailing Address 331 Cameron Station Blvd.

City: Alexandria | State: VA | Zip Code: 22304

Purpose of Disbursement: Compliance Consultant

Candidate Name:

Category/ Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10098
Date of Disbursement: 09 / 30 / 2005

Amount of Each Disbursement this Period: 500.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
National City Bank

Mailing Address PO Box 5756

City: Akron | State: OH | Zip Code: 44101

Purpose of Disbursement: Bank Charges

Candidate Name:

Category/ Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10082
Date of Disbursement: 07 / 29 / 2005

Amount of Each Disbursement this Period: 9.29

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2509.29

TOTAL This Period (last page this line number only) ▶

25020403487

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
National City Bank
Mailing Address PO Box 5756
City: Akron | State: OH | Zip Code: 44101
Purpose of Disbursement: Bank Charges
Candidate Name:
Category/ Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10083
Date of Disbursement: 08 / 31 / 2005
Amount of Each Disbursement this Period: 9.18
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
National City Bank
Mailing Address PO Box 5756
City: Akron | State: OH | Zip Code: 44101
Purpose of Disbursement: Bank Charges
Candidate Name:
Category/ Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10084
Date of Disbursement: 09 / 30 / 2005
Amount of Each Disbursement this Period: 9.19
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
New England Press
Mailing Address 1200 Wake Forest Drive
City: Alexandria | State: VA | Zip Code: 22307
Purpose of Disbursement: Printing
Candidate Name:
Category/ Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10141
Date of Disbursement: 08 / 19 / 2005
Amount of Each Disbursement this Period: 1699.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1717.37

TOTAL This Period (last page this line number only) ▶

25020403488

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
Paychex
Mailing Address 7450 Tilghman St., Ste. 107
City Allentown | State PA | Zip Code 18106-9037
Purpose of Disbursement: Payroll Service Charge
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10136
Date of Disbursement: 07 / 11 / 2005
Amount of Each Disbursement this Period: 95.40
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Paychex
Mailing Address 7450 Tilghman St., Ste. 107
City Allentown | State PA | Zip Code 18106-9037
Purpose of Disbursement: Employ Contrib Payroll Taxes
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10113
Date of Disbursement: 07 / 15 / 2005
Amount of Each Disbursement this Period: 1081.01
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Paychex
Mailing Address 7450 Tilghman St., Ste. 107
City Allentown | State PA | Zip Code 18106-9037
Purpose of Disbursement: Employ Contrib Payroll Taxes
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10114
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 1081.01
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2257.42

TOTAL This Period (last page this line number only) ▶

25020403489

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Paychex

Mailing Address 7450 Tilghman St., Ste. 107

City: Allentown | State: PA | Zip Code: 18106-9037

Purpose of Disbursement: Payroll Service Charge
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10137
Date of Disbursement: 08 / 10 / 2005

Amount of Each Disbursement this Period: 126.35

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Paychex

Mailing Address 7450 Tilghman St., Ste. 107

City: Allentown | State: PA | Zip Code: 18106-9037

Purpose of Disbursement: Employ Contrib Payroll Taxes
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10115
Date of Disbursement: 08 / 15 / 2005

Amount of Each Disbursement this Period: 1081.01

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Paychex

Mailing Address 7450 Tilghman St., Ste. 107

City: Allentown | State: PA | Zip Code: 18106-9037

Purpose of Disbursement: Employ Contrib Payroll Taxes
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10116
Date of Disbursement: 08 / 31 / 2005

Amount of Each Disbursement this Period: 1081.01

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2288.37

TOTAL This Period (last page this line number only) ▶

25020403490

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Paychex

Mailing Address 7450 Tilghman St., Ste. 107

City: Allentown | State: PA | Zip Code: 18106-9037

Purpose of Disbursement: Payroll Service Charge
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10138
Date of Disbursement: 09 / 12 / 2005

Amount of Each Disbursement this Period: 95.40

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
RGI

Mailing Address 35 East 62nd Street

City: New York | State: NY | Zip Code: 10021

Purpose of Disbursement: Travel
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10177
Date of Disbursement: 07 / 23 / 2005

Amount of Each Disbursement this Period: 3284.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Salt River Project

Mailing Address 1521 N Project Drive
Mail Stop PAB230

City: Tempe | State: AZ | Zip Code: 85281

Purpose of Disbursement: Travel
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10178
Date of Disbursement: 08 / 05 / 2005

Amount of Each Disbursement this Period: 2011.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5390.40

TOTAL This Period (last page this line number only) ▶

25020403491

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Sprint PCS

Mailing Address PO Box 62071

City: Baltimore | State: MD | Zip Code: 21264-2070

Purpose of Disbursement: Telephone
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10167
Date of Disbursement: 07 / 18 / 2005

Amount of Each Disbursement this Period: 72.68

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Sprint PCS

Mailing Address PO Box 62071

City: Baltimore | State: MD | Zip Code: 21264-2070

Purpose of Disbursement: Telephone
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10168
Date of Disbursement: 08 / 19 / 2005

Amount of Each Disbursement this Period: 69.97

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Sprint PCS

Mailing Address PO Box 62071

City: Baltimore | State: MD | Zip Code: 21264-2070

Purpose of Disbursement: Telephone
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10169
Date of Disbursement: 09 / 12 / 2005

Amount of Each Disbursement this Period: 74.26

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 216.91

TOTAL This Period (last page this line number only) ▶

25020403492

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
Storagemax
Mailing Address 2019 West Glendale
City Phoenix State AZ Zip Code 85021
Purpose of Disbursement: Storage
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10154
Date of Disbursement 07 / 18 / 2005
Amount of Each Disbursement this Period 96.26
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Storagemax
Mailing Address 2019 West Glendale
City Phoenix State AZ Zip Code 85021
Purpose of Disbursement: Storage
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10155
Date of Disbursement 07 / 29 / 2005
Amount of Each Disbursement this Period 96.26
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Storagemax
Mailing Address 2019 West Glendale
City Phoenix State AZ Zip Code 85021
Purpose of Disbursement: Storage
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.10156
Date of Disbursement 09 / 02 / 2005
Amount of Each Disbursement this Period 96.26
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 288.78

TOTAL This Period (last page this line number only) ▶

25020403493

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
Storagemax

Mailing Address 2019 West Glendale

City Phoenix | State AZ | Zip Code 85021

Purpose of Disbursement
Storage

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10157
Date of Disbursement 09 / 30 / 2005

Amount of Each Disbursement this Period
96.26

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Thayer Services

Mailing Address 1455 Pennsylvania Ave., NW Ste. 350

City Washington | State DC | Zip Code 20004

Purpose of Disbursement
Travel

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10180
Date of Disbursement 08 / 05 / 2005

Amount of Each Disbursement this Period
629.89

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
The Eudy Company

Mailing Address 211 North Union Street Suite 200

City Alexandria | State VA | Zip Code 22314

Purpose of Disbursement
Parking

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10134
Date of Disbursement 07 / 18 / 2005

Amount of Each Disbursement this Period
4.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 730.15

TOTAL This Period (last page this line number only) ▶

25020403494

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
The Eudy Company

Mailing Address 211 North Union Street
Suite 200

City Alexandria | State VA | Zip Code 22314

Purpose of Disbursement
Rent

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10142
Date of Disbursement 07 / 18 / 2005

Amount of Each Disbursement this Period
520.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
The Eudy Company

Mailing Address 211 North Union Street
Suite 200

City Alexandria | State VA | Zip Code 22314

Purpose of Disbursement
Telephone

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10173
Date of Disbursement 07 / 18 / 2005

Amount of Each Disbursement this Period
4.31

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
The Eudy Company

Mailing Address 211 North Union Street
Suite 200

City Alexandria | State VA | Zip Code 22314

Purpose of Disbursement
Delivery

Candidate Name

001 Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10108
Date of Disbursement 09 / 02 / 2005

Amount of Each Disbursement this Period
50.31

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 574.62

TOTAL This Period (last page this line number only) ▶

25020403495

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
The Eudy Company
Mailing Address 211 North Union Street
Suite 200
City Alexandria | State VA | Zip Code 22314
Purpose of Disbursement: Office Supplies
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10132
Date of Disbursement: 09 / 02 / 2005
Amount of Each Disbursement this Period: 13.28
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
The Eudy Company
Mailing Address 211 North Union Street
Suite 200
City Alexandria | State VA | Zip Code 22314
Purpose of Disbursement: Parking
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10135
Date of Disbursement: 09 / 02 / 2005
Amount of Each Disbursement this Period: 270.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
The Eudy Company
Mailing Address 211 North Union Street
Suite 200
City Alexandria | State VA | Zip Code 22314
Purpose of Disbursement: Rent
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
District: State:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10143
Date of Disbursement: 09 / 02 / 2005
Amount of Each Disbursement this Period: 250.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 533.28

TOTAL This Period (last page this line number only) ▶

25020403496

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
The Eudy Company

Mailing Address 211 North Union Street
Suite 200

City: Alexandria | State: VA | Zip Code: 22314

Purpose of Disbursement: Office Supplies

Candidate Name

Category/ Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10133
Date of Disbursement: 08 / 30 / 2005

Amount of Each Disbursement this Period: 379.52

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Thomas Holtrup

Mailing Address

City: Peoria | State: NJ | Zip Code: 07101-1769

Purpose of Disbursement: Financial Consultant

Candidate Name

Category/ Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.10124
Date of Disbursement: 07 / 18 / 2005

Amount of Each Disbursement this Period: 250.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	629.52
TOTAL This Period (last page this line number only) ▶	58671.62

25020403497

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial)
ARIZONA REPUBLICAN PARTY

Mailing Address 3501 North 24th Street

City: Phoenix | State: AZ | Zip Code: 85016

Purpose of Disbursement: Contribution
Candidate Name:
Category/ Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB21.10241
Date of Disbursement: 07 / 29 / 2005

Amount of Each Disbursement this Period: 2500.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Bush-Clinton Katrina Fund

Mailing Address 10000 Memorial Drive, Ste. 900

City: Houston | State: TX | Zip Code: 77024

Purpose of Disbursement: Charitable Contributions
Candidate Name:
Category/ Type: 012

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB21.10095
Date of Disbursement: 09 / 30 / 2005

Amount of Each Disbursement this Period: 50000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Intrepid Fallen Heroes Fund

Mailing Address One Intrepid Square
West 46th Street and 12th Avenue

City: New York | State: NY | Zip Code: 10036

Purpose of Disbursement: Charitable Contributions
Candidate Name:
Category/ Type: 012

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB21.10097
Date of Disbursement: 09 / 30 / 2005

Amount of Each Disbursement this Period: 50000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 102500.00

TOTAL This Period (last page this line number only) ▶

25020403498

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A.
Full Name (Last, First, Middle Initial)
MARILYN BREWER FOR CONGRESS
Mailing Address 30151 TOMAS
City: RANCHO SANTA MARGA | State: CA | Zip Code: 92688
Purpose of Disbursement: Contribution
Candidate Name: MARILYN BREWER FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 48
Disbursement For: 2005 ☐ Primary ☐ General ☒ Other (specify) Special-Primary
011 Category/Type
Transaction ID: SB21.10242
Date of Disbursement: 09 09 2005
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Toni Hellon for Senate
Mailing Address PO Box 84696
City: Tucson | State: AZ | Zip Code: 85726
Purpose of Disbursement: Contribution
Candidate Name: Toni Hellon for Senate
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
011 Category/Type
Transaction ID: SB21.10243
Date of Disbursement: 09 30 2005
Amount of Each Disbursement this Period: 296.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2296.00
TOTAL This Period (last page this line number only) ▶	104796.00

25020403499

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) [X] 9 [ ] 10

NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN MCCAIN

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
A&E Television Networks

Nature of Debt (Purpose):
Travel Expense

Mailing Address 235 E 45th Street

City: New York | State: NY | ZIP Code: 10017

Transaction ID: SD9.9866

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
274.00	0.00	274.00	0.00

1) **SUBTOTALS** This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)	
4) **ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)**	

25020403500
25020403500

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 312
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 10-14-05
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 10-14-05

25020403501