

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial) MR. CHARLES W. KIMBLE, JR. Mailing Address 452 TULLIS LN City State Zip Code BATTLE CREEK MI 49017-9443 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 100.00 CONTRIBUTION Transaction ID: SA17.294531
Name of Employer SELF Occupation NURSE ANESTHETIST Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) MR. CHARLES W. KIMBLE, JR. Mailing Address 452 TULLIS LN City State Zip Code BATTLE CREEK MI 49017-9443 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Receipt this Period 100.00 CONTRIBUTION Transaction ID: SA17.301926
Name of Employer SELF Occupation NURSE ANESTHETIST Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) MS. VIVIAN L. KIMBLE Mailing Address 9 HUNTSMAN City State Zip Code LEMONT IL 60439-9148 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Receipt this Period 1000.00 CONTRIBUTION Transaction ID: SA17.298760
Name of Employer Occupation RETIRED Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)