

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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.

<p>A. Full Name (Last, First, Middle Initial) SUE REEVES</p> <p>Mailing Address 10017 ESSEX PL</p> <p>City FORT SMITH State AR Zip Code 72908</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.1813 Date of Disbursement 11 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 35.00</p>
<p>B. Full Name (Last, First, Middle Initial) JOSEPH M REGAL</p> <p>Mailing Address 650 NE 168TH ST</p> <p>City NORTH MIAMI BEACH State FL Zip Code 33162</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.2094 Date of Disbursement 11 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p>C. Full Name (Last, First, Middle Initial) MICHAEL REGAN</p> <p>Mailing Address 4713 PAMLICO RD</p> <p>City FAYETTEVILLE State NC Zip Code 28304</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.1291 Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 110.00</p>

SUBTOTAL of Disbursements This Page (optional)	245.00
TOTAL This Period (last page this line number only)	