

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS 07 JAN 31 PM 3:58 AD 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) PO BOX 9785 ALEXANDRIA VA 22304

2. FEC IDENTIFICATION NUMBER CD0341891 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE VA ZIP CODE 22304 STATE DISTRICT 00

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) 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 10 01 2006 through 12 31 2006

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 Date 01 30 2007

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

27020032854

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

FRIENDS OF JOHN MCCAIN

Report Covering the Period: From:

MM DD YYYY  
10 01 2006

To:

MM DD YYYY  
12 31 2006

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(a)).....	4144.50	186779.24
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	15280.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4144.50	171499.24
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	15422.95	535178.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	3147.74	8084.03
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12275.21	527084.69
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	20033.06	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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

27020032855

**DETAILED SUMMARY PAGE**

of Receipts

FED Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
FRIENDS OF JOHN MCCAIN

Report Covering the Period:

From:

MM  
10

DD  
01

YYYY  
2006

To:

MM  
12

DD  
31

YYYY  
2006

**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).....

1144.50

125323.50

(ii) Unitemized.....

0.00

32955.74

(iii) TOTAL of contributions

1144.50

158279.24

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACS).....

3000.00

28500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)

4144.50

166779.24

(add Lines 11(a)(iii), (b), (c), and (d))

**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.).....**

3147.74

8094.03

**15. OTHER RECEIPTS  
(Dividends, Interest, etc.).....**

26701.75

134708.38

**16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶**

33993.99

329581.65

27020032856

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15422.95	535178.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	1050000.00	1060000.00
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	15280.00
(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	15280.00
21. OTHER DISBURSEMENTS.....	62600.00	189911.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1128022.95	1800389.72

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1114082.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	33993.99
25. SUBTOTAL (add Line 23 and Line 24).....	1148056.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1128022.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	20033.06

27020032857

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

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

FOR LINE NUMBER: PAGE 5 / 41  
(check only one)  
 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)  
**Geoffrey Mendenhall**

Mailing Address **11070 Kemperwoods Drive**

City **Cincinnati** State **OH** Zip Code **45249**

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

Name of Employer **Harris Corporation** Occupation **Engineering Vice President**

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **644.50**

Date of Receipt  
**12 / 21 / 2006**

Transaction ID: **SA11A1.11024**

Amount of Each Receipt this Period  
**644.50**

Earmarked Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

**B.** Full Name (Last, First, Middle Initial)  
**HARRIS FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address **1025 W. NASA BLVD.**

City **MELBOURNE** State **FL** Zip Code **32919**

FEC ID number of contributing federal political committee. **C C00100321**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **644.50**

Date of Receipt  
**12 / 21 / 2006**

Transaction ID: **SA11A1.11024.0**

Amount of Each Receipt this Period  
**644.50**

Earmark Contribution-See Mendenhall, G.  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Joseph V. Polinello**

Mailing Address **150 Longwater Drive**

City **Norwell** State **MA** Zip Code **02061**

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

Name of Employer **Inland Professional Corp.** Occupation **President**

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
**11 / 29 / 2006**

Transaction ID: **SA11A1.11000**

Amount of Each Receipt this Period  
**500.00**

Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

**SUBTOTAL** of Receipts This Page (optional) **1144.50**

**TOTAL** This Period (last page this line number only) **1144.50**

27020032852

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

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

FOR LINE NUMBER: PAGE 8 / 41  
(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)  
AMERICAN VETERINARY MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1910 Sunderland Place NW  
Suite 710

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2006

Transaction ID: SA11C.11003

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Computer Sciences Corporation PAC

Mailing Address 2100 E Grand Ave

City State Zip Code  
El Segundo CA 90245

FEC ID number of contributing federal political committee. **C** C00101410

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
11 / 26 / 2006

Transaction ID: SA11C.11002

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) .....	▶	3000.00
TOTAL This Period (last page this line number only) .....	▶	3000.00

27020032859

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

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

FOR LINE NUMBER: PAGE 7 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCGAIN

Full Name (Last, First, Middle Initial) <b>A. DC Treasurer</b>		Date of Receipt MM / DD / YYYY 11 / 22 / 2008
Mailing Address 990 North Capitol Street NE		Transaction ID: SA14.11009
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 489.25
Name of Employer	Occupation	DC Tax Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 489.25	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Receipt MM / DD / YYYY 11 / 22 / 2008
Mailing Address 675 Wolf Ledges Pkwy		Transaction ID: SA14.11012
City Akron	State OH	Zip Code 44308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1461.40
Name of Employer	Occupation	Postage Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2453.43	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Receipt MM / DD / YYYY 11 / 22 / 2008
Mailing Address 675 Wolf Ledges Pkwy		Transaction ID: SA14.11013
City Akron	State OH	Zip Code 44308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1197.09
Name of Employer	Occupation	Postage Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3650.52	

SUBTOTAL of Receipts This Page (optional) .....	3147.74
TOTAL This Period (last page this line number only) .....	3147.74

27020032860

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

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

FOR LINE NUMBER: PAGE 8 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

Full Name (Last, First, Middle Initial) A. Chase Investment Services Corporation (Bank One)		Date of Receipt MM / DD / YYYY 10 / 02 / 2006
Mailing Address 300 South Riverside Plaza 11th Floor		Transaction ID: SA15.11018
City Chicago	State IL	Zip Code 60670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3950.24
Name of Employer	Occupation	Dividend Earned <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 27166.23	

Full Name (Last, First, Middle Initial) B. Chase Investment Services Corporation (Bank One)		Date of Receipt MM / DD / YYYY 10 / 23 / 2006
Mailing Address 300 South Riverside Plaza 11th Floor		Transaction ID: SA15.11036
City Chicago	State IL	Zip Code 60670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.52
Name of Employer	Occupation	Dividend Earned <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 27166.75	

Full Name (Last, First, Middle Initial) C. Chase Investment Services Corporation (Bank One)		Date of Receipt MM / DD / YYYY 11 / 01 / 2006
Mailing Address 300 South Riverside Plaza 11th Floor		Transaction ID: SA15.11019
City Chicago	State IL	Zip Code 60670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3878.98
Name of Employer	Occupation	Dividend Earned <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 31043.71	

SUBTOTAL of Receipts This Page (optional) .....	7827.72
TOTAL This Period (last page this line number only) .....	

27020032861



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

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

FOR LINE NUMBER: PAGE 9 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF JOHN MCCAIN**

Full Name (Last, First, Middle Initial)  
**A. Chase Investment Services Corporation (Bank One)**

Mailing Address **300 South Riverside Plaza**  
**11th Floor**

City **Chicago** State **IL** Zip Code **60670**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **15347.89**

Date of Receipt  
**11 / 30 / 2006**

Transaction ID: **SA15.11039**

Amount of Each Receipt this Period  
**-15695.82**

Loss on Liquidation of Securities Acct.  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))

Full Name (Last, First, Middle Initial)  
**B. DRAKE FOR CONGRESS**

Mailing Address **PO BOX 14422**

City **PHOENIX** State **AZ** Zip Code **85063**

FEC ID number of contributing federal political committee. **C C00418749**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
**11 / 22 / 2006**

Transaction ID: **SA15.11011**

Amount of Each Receipt this Period  
**500.00**

Refund of Excessive Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))

Full Name (Last, First, Middle Initial)  
**C. JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC.**

Mailing Address **PO Box 18118**

City **Arlington** State **VA** Zip Code **22215**

FEC ID number of contributing federal political committee. **C C00430470**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **19580.00**

Date of Receipt  
**11 / 22 / 2006**

Transaction ID: **SA15.11014**

Amount of Each Receipt this Period  
**19580.00**

Event-Facility Rental Reimbursement  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))

**SUBTOTAL** of Receipts This Page (optional) ..... **4384.18**

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

27020032862

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

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

FOR LINE NUMBER: PAGE 10 / 41

(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)  
JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC

Mailing Address PO Box 18118

City State Zip Code  
Arlington VA 22216

FEC ID number of contributing federal political committee. **C** C00430470

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
30706.12

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2006

Transaction ID: SA15.11015

Amount of Each Receipt this Period  
11126.12

Event-Facility Rental Reimbursement  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

**B.** Full Name (Last, First, Middle Initial)  
JP Morgan Chase Bank

Mailing Address Arizona Market  
PO Box 260180

City State Zip Code  
Baton Rouge LA 70828-0180

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
255.28

Date of Receipt  
MM / DD / YYYY  
12 / 28 / 2006

Transaction ID: SA15.11029

Amount of Each Receipt this Period  
81.77

Interest  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

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

Mailing Address 211 NORTH UNION STREET SUITE 200  
SUITE 200

City State Zip Code  
ALEXANDRIA VA 22314

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
29168.30

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2006

Transaction ID: SA15.11008

Amount of Each Receipt this Period  
3108.45

List Rental Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 14316.34

TOTAL This Period (last page this line number only) ..... ▶ 26528.24

27020032863

**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)

PAGE 11 / 41

17 20a  18 20b  19a 20c  19b 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

Full Name (Last, First, Middle Initial)  
A. Corcoran Gallery of Art

Mailing Address 500 17th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Event Expense-Facility Rental Deposit  
Candidate Name

007  
Category/  
Type

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB17.10982  
Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

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

Full Name (Last, First, Middle Initial)  
B. Corcoran Gallery of Art

Mailing Address 500 17th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Event Expense-Facility Rental Deposit  
Candidate Name

007  
Category/  
Type

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB17.10983  
Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

5000.00

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

Full Name (Last, First, Middle Initial)  
C. 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: SB17.10980  
Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

16.10

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

SUBTOTAL of Disbursements This Page (optional) ▶

10016.10

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

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

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

FDR LINE NUMBER:  
(check only one)

PAGE 12 / 41

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)  
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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: SB17.10997  
Date of Disbursement 10 / 30 / 2008

Amount of Each Disbursement this Period 500.00

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

Category/Type 001

**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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: SB17.10998  
Date of Disbursement 12 / 13 / 2008

Amount of Each Disbursement this Period 500.00

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

Category/Type 001

**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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: SB17.10998  
Date of Disbursement 12 / 22 / 2008

Amount of Each Disbursement this Period 500.00

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

Category/Type 001

SUBTOTAL of Disbursements This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

27020032865

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

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

Mailing Address 7539 W. Villa Therese Dr.

City State Zip Code  
Glendale AZ 85308

Purpose of Disbursement  
Consulting-Financial/Accounting

Candidate Name

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10984

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2008

Amount of Each Disbursement this Period

250.00

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

Full Name (Last, First, Middle Initial)  
B. Hotel George

Mailing Address 15 E Street, NW

City State Zip Code  
Washington DC 20001

Purpose of Disbursement  
Meeting Expense-Facility Depos

Candidate Name

007

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10986

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2008

Amount of Each Disbursement this Period

1126.12

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

Full Name (Last, First, Middle Initial)  
C. Deb Jacobus

Mailing Address Suite B-130

City State Zip Code  
Tempe AZ 85282

Purpose of Disbursement  
Office Supply Reimbursement

Candidate Name

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10990

Date of Disbursement

MM / DD / YYYY  
12 / 13 / 2008

Amount of Each Disbursement this Period

372.44

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

SUBTOTAL of Disbursements This Page (optional) .....

1748.56

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

Full Name (Last, First, Middle Initial) A. Deb Jacobus		Transaction ID: SB17.10987 Date of Disbursement 12 / 22 / 2006
Mailing Address Suite B-130		Amount of Each Disbursement this Period 177.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tempe	State AZ Zip Code 85282	
Purpose of Disbursement Meeting Expense- Meals		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Courtney Nahigian		Transaction ID: SB17.10979 Date of Disbursement 10 / 30 / 2006
Mailing Address PO Box 9785		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria	State VA Zip Code 22304	
Purpose of Disbursement Consulting-Compliance/Accounting		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. National City Bank		Transaction ID: SB17.10976 Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 5756		Amount of Each Disbursement this Period 8.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Akron	State OH Zip Code 44101	
Purpose of Disbursement Bank Charges		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

1688.14

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

27020032867

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

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

Transaction ID: SB17.10970  
Date of Disbursement  
11 / 09 / 2006

Mailing Address PO Box 5756

City Akron State OH Zip Code 44101

Purpose of Disbursement Bank Charges  
Candidate Name

Amount of Each Disbursement this Period  
8.79

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

Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

Transaction ID: SB17.10977  
Date of Disbursement  
11 / 09 / 2006

Mailing Address PO Box 5756

City Akron State OH Zip Code 44101

Purpose of Disbursement Bank Charges  
Candidate Name

Amount of Each Disbursement this Period  
17.00

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

Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

Transaction ID: SB17.10988  
Date of Disbursement  
12 / 13 / 2006

Mailing Address PO Box 5756

City Akron State OH Zip Code 44101

Purpose of Disbursement Bank Charges  
Candidate Name

Amount of Each Disbursement this Period  
1.08

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

Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional) 26.79

TOTAL This Period (last page this line number only)

27020032868

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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

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

Transaction ID: SB17.10993  
Date of Disbursement  
10 / 30 / 2006

Mailing Address 2019 West Glendale

City Phoenix State AZ Zip Code 85021

Purpose of Disbursement Storage  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Amount of Each Disbursement this Period  
105.47

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63

Category/Type: 001

**B.** Full Name (Last, First, Middle Initial)  
Storagemax

Transaction ID: SB17.10994  
Date of Disbursement  
12 / 13 / 2006

Mailing Address 2019 West Glendale

City Phoenix State AZ Zip Code 85021

Purpose of Disbursement Storage  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Amount of Each Disbursement this Period  
190.48

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63

Category/Type: 001

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

Transaction ID: SB17.10995  
Date of Disbursement  
12 / 22 / 2006

Mailing Address 2019 West Glendale

City Phoenix State AZ Zip Code 85021

Purpose of Disbursement Storage  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Amount of Each Disbursement this Period  
9.22

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 305.15

TOTAL This Period (last page this line number only) 15282.74

27020032869



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

**A. JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16118

City Arlington State VA Zip Code 22215

Purpose of Disbursement  
Transfer to other Auth Cmte

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB18.10958  
Date of Disbursement  
11 / 14 / 2008

Amount of Each Disbursement this Period  
300000.00

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

008  
Category/Type

**B. JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16118

City Arlington State VA Zip Code 22215

Purpose of Disbursement  
Transfer to other Auth Cmte

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB18.10958  
Date of Disbursement  
11 / 27 / 2008

Amount of Each Disbursement this Period  
100000.00

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

008  
Category/Type

**C. JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16118

City Arlington State VA Zip Code 22215

Purpose of Disbursement  
Transfer to other Auth Cmte

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB18.10960  
Date of Disbursement  
11 / 28 / 2008

Amount of Each Disbursement this Period  
50000.00

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

008  
Category/Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 450000.00

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

27020032870

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

**A.** Full Name (Last, First, Middle Initial)  
JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC

Mailing Address PO Box 16118

City Arlington State VA Zip Code 22215

Purpose of Disbursement  
Transfer to other Auth Cmte

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB18-10961  
Date of Disbursement: 12 / 01 / 2008

Amount of Each Disbursement this Period: 100000.00

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

**B.** Full Name (Last, First, Middle Initial)  
JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC

Mailing Address PO Box 16118

City Arlington State VA Zip Code 22215

Purpose of Disbursement  
Transfer to other Auth Cmte

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB18-10962  
Date of Disbursement: 12 / 04 / 2008

Amount of Each Disbursement this Period: 100000.00

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

**C.** Full Name (Last, First, Middle Initial)  
JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC

Mailing Address PO Box 16118

City Arlington State VA Zip Code 22215

Purpose of Disbursement  
Transfer to other Auth Cmte

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB18-10963  
Date of Disbursement: 12 / 11 / 2008

Amount of Each Disbursement this Period: 100000.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 300000.00

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

27020032871

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

**A.** Full Name (Last, First, Middle Initial)  
JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC

Mailing Address PO Box 16118

City Arlington State VA Zip Code 22215

Purpose of Disbursement  
Transfer to other Auth Cmte

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB18.10964  
Date of Disbursement  
12 / 12 / 2008

Amount of Each Disbursement this Period  
100000.00

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

008  
Category/Type

**B.** Full Name (Last, First, Middle Initial)  
JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC

Mailing Address PO Box 16118

City Arlington State VA Zip Code 22215

Purpose of Disbursement  
Transfer to other Auth Cmte

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB18.10965  
Date of Disbursement  
12 / 21 / 2008

Amount of Each Disbursement this Period  
30000.00

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

008  
Category/Type

**C.** Full Name (Last, First, Middle Initial)  
JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC

Mailing Address PO Box 16118

City Arlington State VA Zip Code 22215

Purpose of Disbursement  
Transfer to other Auth Cmte

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB18.10966  
Date of Disbursement  
12 / 26 / 2008

Amount of Each Disbursement this Period  
100000.00

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

008  
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

230000.00

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

27020032872

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF JOHN MCCAIN**

Full Name (Last, First, Middle Initial)  
**A. JOHN MCCAIN 2008-THE EXPLDRATORY COMMITTEE INC**

Mailing Address **PO Box 18118**

City **Arlington** State **VA** Zip Code **22215**

Purpose of Disbursement  
Transfer to other Auth Cmte

Candidate Name

Office Sought:  House  Senate  President  
State: District: **00**

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: **SB18.10967**  
Date of Disbursement  
**12 / 26 / 2006**

Amount of Each Disbursement this Period  
**50000.00**

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

Full Name (Last, First, Middle Initial)  
**B. JOHN MCCAIN 2008-THE EXPLORATORY COMMITTEE INC**

Mailing Address **PO Box 18118**

City **Arlington** State **VA** Zip Code **22215**

Purpose of Disbursement  
Transfer to other Auth Cmte

Candidate Name

Office Sought:  House  Senate  President  
State: District: **00**

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: **SB18.11030**  
Date of Disbursement  
**12 / 27 / 2006**

Amount of Each Disbursement this Period  
**20000.00**

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

SUBTOTAL of Disbursements This Page (optional) ..... **70000.00**

TOTAL This Period (last page this line number only) ..... **1050000.00**

27029032873

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

**A.** Full Name (Last, First, Middle Initial)  
Alexander for Senate

Mailing Address 150 Cleveland Drive

City Walhalla State SC Zip Code 29691

Purpose of Disbursement  
Candidate/Comte Contrib NonFed

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10860  
Date of Disbursement  
10 / 04 / 2006

Amount of Each Disbursement this Period  
500.00

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

011  
Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Ballentine for House

Mailing Address 1108 Belfair Way

City Irmo State SC Zip Code 29063

Purpose of Disbursement  
Candidate/Comte Contrib NonFed

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10862  
Date of Disbursement  
10 / 04 / 2006

Amount of Each Disbursement this Period  
500.00

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

011  
Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
Barfield for House

Mailing Address PO Box 1734

City Conway State SC Zip Code 29528

Purpose of Disbursement  
Candidate/Comte Contrib NonFed

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10864  
Date of Disbursement  
10 / 04 / 2006

Amount of Each Disbursement this Period  
500.00

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

011  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1500.00

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

27020032874

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

Full Name (Last, First, Middle Initial)  
A. Barrows for County Commissioner

Mailing Address 11 Bell Avenue

City Exeter State NH Zip Code 03833

Purpose of Disbursement  
Candidate/Cmte Contrib NonFed

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10912  
Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

250.00

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

Full Name (Last, First, Middle Initial)

B. Ben Brooks Senate Campaign

Mailing Address 4953 Auduban Drive

City Mobile State AL Zip Code 36619

Purpose of Disbursement  
Candidate/Cmte Contrib NonFed

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10900  
Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

2500.00

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

Full Name (Last, First, Middle Initial)

C. Bob Flanders for State Senate

Mailing Address 1 Whiton Road

City Anttrim State NH Zip Code 03440

Purpose of Disbursement  
Candidate/Cmte Contrib NonFed

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10914  
Date of Disbursement

10 / 17 / 2006

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) ▶

3750.00

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

27020032875

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

**A. BOUCHARD FOR US SENATE**

Full Name (Last, First, Middle Initial)  
BOUCHARD FOR US SENATE

Mailing Address PO BOX 159

City ROYAL OAK State MI Zip Code 48068

Purpose of Disbursement  
Cand/Cmta Contrib-Debt Retirement  
Candidate Name

Office Sought:  House  Senate  President  
State: MI District: 00

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21.10846  
Date of Disbursement  
10 / 30 / 2008

Amount of Each Disbursement this Period  
2000.00

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

011  
Category/  
Type

**B. Bryngelson for Council**

Full Name (Last, First, Middle Initial)  
Bryngelson for Council

Mailing Address 308 Tuggle Lane

City Glvhaus State SC Zip Code 29472

Purpose of Disbursement  
Candidate/Cmta Contrib NonFed  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21.10866  
Date of Disbursement  
10 / 04 / 2008

Amount of Each Disbursement this Period  
500.00

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

011  
Category/  
Type

**C. Bubby Floyd for House**

Full Name (Last, First, Middle Initial)  
Bubby Floyd for House

Mailing Address 427 Woodvale Drive

City Florence State SC Zip Code 29501

Purpose of Disbursement  
Candidate/Cmta Contrib NonFed  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21.10868  
Date of Disbursement  
10 / 04 / 2008

Amount of Each Disbursement this Period  
500.00

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

011  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

**A. Buddy Brook Campaign**

Full Name (Last, First, Middle Initial)  
Buddy Brook Campaign

Mailing Address PO Box 2364

City Muscle Shoals State AL Zip Code 35662

Purpose of Disbursement  
Candidate/Cmtte Contrib NonFed

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10902  
Date of Disbursement  
10 / 11 / 2006

Amount of Each Disbursement this Period  
2500.00

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

011  
Category/Type

**B. Carl Johnson for State Senate**

Full Name (Last, First, Middle Initial)  
Carl Johnson for State Senate

Mailing Address 42 Dale Road

City Meredith State NH Zip Code 03253

Purpose of Disbursement  
Candidate/Cmtte Contrib NonFed

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10916  
Date of Disbursement  
10 / 17 / 2006

Amount of Each Disbursement this Period  
1000.00

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

011  
Category/Type

**C. Chalk for House**

Full Name (Last, First, Middle Initial)  
Chalk for House

Mailing Address 7 Shipwatch Point

City Hilton Head State SC Zip Code 29928

Purpose of Disbursement  
Candidate/Cmtte Contrib NonFed

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10870  
Date of Disbursement  
10 / 04 / 2006

Amount of Each Disbursement this Period  
500.00

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

011  
Category/Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 4000.00

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

27020032877



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

Full Name (Last, First, Middle Initial) <b>A. Coburn for Governor</b>		Transaction ID: SB21.10918 Date of Disbursement 10 / 17 / 2006	
Mailing Address PO Box 1510			
City <b>Manchester</b>	State <b>NH</b>	Zip Code <b>03105</b>	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate/Cmte Contrib NonFed		011 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Owen Drake</b>		Transaction ID: SB21.109D4 Date of Disbursement 10 / 17 / 2006	
Mailing Address 1005 Kings Forest Drive			
City <b>Leads</b>	State <b>AL</b>	Zip Code <b>35094</b>	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Candidate/Cmte Contrib NonFed		011 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Cromer for Senate</b>		Transaction ID: SB21.10972 Date of Disbursement 10 / 04 / 2006	
Mailing Address PO Box 378			
City <b>Prosperity</b>	State <b>SC</b>	Zip Code <b>29127</b>	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Candidate/Cmte Contrib NonFed		011 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

27020032878

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

**A. Downing for Senate**

Full Name (Last, First, Middle Initial)  
Downing for Senate

Mailing Address 7 Darryl Lane

City Salem State NH Zip Code 03079

Purpose of Disbursement  
Candidate/Comte Contrib NonFed

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10920  
Date of Disbursement  
10 / 17 / 2008

Amount of Each Disbursement this Period  
1000.00

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

011  
Category/Type

**B. DRAKE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
DRAKE FOR CONGRESS

Mailing Address PO BOX 14422

City PHOENIX State AZ Zip Code 85063

Purpose of Disbursement  
Cand/Comte Contributions

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: AZ District: 07

Transaction ID: SB21.10844  
Date of Disbursement  
10 / 24 / 2008

Amount of Each Disbursement this Period  
2500.00

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

011  
Category/Type

**C. Dutch Fork GOP Women**

Full Name (Last, First, Middle Initial)  
Dutch Fork GOP Women

Mailing Address 105 Nottingham Ct.

City Columbia State SC Zip Code 29210

Purpose of Disbursement  
Candidate/Comte Contrib NonFed

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10874  
Date of Disbursement  
10 / 04 / 2008

Amount of Each Disbursement this Period  
500.00

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

011  
Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 4000.00

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

27020032879

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

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

Full Name (Last, First, Middle Initial) <b>A. Fair for Senate</b>		Transaction ID: SB21.10878 Date of Disbursement 10 / 04 / 2008
Mailing Address PO Box 14632		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Greenville	State SC Zip Code 29810	
Purpose of Disbursement Candidate/Comte Contrib NonFed Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. First Tuesday Republican Club</b>		Transaction ID: SB21.10878 Date of Disbursement 10 / 04 / 2008
Mailing Address 1801 Carl Road		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbia	State SC Zip Code 29210	
Purpose of Disbursement Candidate/Comte Contrib NonFed Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Fitzgerald for Senate</b>		Transaction ID: SB21.10922 Date of Disbursement 10 / 17 / 2008
Mailing Address 47 Opechee Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Laconia	State NH Zip Code 03246	
Purpose of Disbursement Candidate/Comte Contrib NonFed Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

27020032880

**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

Full Name (Last, First, Middle Initial)

A. Friends of Alan Baker

Transaction ID: SB21.10908

Date of Disbursement

10 / 11 / 2008

Mailing Address PD Box 65

City Brewton State AL Zip Code 36427

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement  
Candidate/Comte Contrib NonFed

011  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Friends of Ray Burton

Transaction ID: SB21.10924

Date of Disbursement

10 / 17 / 2008

Mailing Address 338 River Road

City Bath State NH Zip Code 03740

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
Candidate/Comte Contrib NonFed

011  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. GARD FOR CONGRESS

Transaction ID: SB21.10848

Date of Disbursement

10 / 30 / 2008

Mailing Address PO BOX 277

City GREEN BAY State WI Zip Code 54305

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement  
Candidate Contributions

011  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

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

27020032061

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

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NAME OF COMMITTEE (in Full)  
FRIENDS OF JOHN MCCAIN

Full Name (Last, First, Middle Initial) A. Galsas for State Senate		Transaction ID: SB21.10926 Date of Disbursement 10 / 17 / 2006	
Mailing Address 582 Chestnut Street		Amount of Each Disbursement this Period 1000.00	
City Manchester	State NH	Zip Code 03104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Candidate/Cmtte Contrib NonFed		011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

Full Name (Last, First, Middle Initial) B. Gregory for Senate		Transaction ID: SB21.10980 Date of Disbursement 10 / 04 / 2006	
Mailing Address PO Box 700		Amount of Each Disbursement this Period 500.00	
City Lancaster	State SC	Zip Code 29721	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Candidate/Cmtte Contrib NonFed		011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

Full Name (Last, First, Middle Initial) C. Hampton Republican Committee		Transaction ID: SB21.10928 Date of Disbursement 10 / 17 / 2006	
Mailing Address 40 Hobbs Road		Amount of Each Disbursement this Period 500.00	
City Hampton	State NH	Zip Code 03842	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Candidate/Cmtte Contrib NonFed		011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

SUBTOTAL of Disbursements This Page (optional) .....	2000.00
TOTAL This Period (last page this line number only) .....	

27020052882

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

A. Hardy for Sheriff

Full Name (Last, First, Middle Initial)  
Hardy for Sheriff

Transaction ID: SB21.10830  
Date of Disbursement  
10 / 17 / 2008

Mailing Address PO Box 396

City Pelham State NH Zip Code 03078

Purpose of Disbursement  
Candidate/Cmta Contrib NonFed

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
1000.00

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

B. Hayes for Senate

Full Name (Last, First, Middle Initial)  
Hayes for Senate

Transaction ID: SB21.10882  
Date of Disbursement  
10 / 04 / 2008

Mailing Address 1486 Cureton Drive

City Rock Hill State SC Zip Code 29732

Purpose of Disbursement  
Candidate/Cmta Contrib NonFed

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
500.00

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

C. Hilliard for Sheriff

Full Name (Last, First, Middle Initial)  
Hilliard for Sheriff

Transaction ID: SB21.10932  
Date of Disbursement  
10 / 17 / 2008

Mailing Address 157 Rand Road

City Northfield State NH Zip Code 03278

Purpose of Disbursement  
Candidate/Cmta Contrib NonFed

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

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) ..... 2500.00

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

27020032883

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

Full Name (Last, First, Middle Initial)  
A. Hogan for Senate

Transaction ID: SB21.10934  
Date of Disbursement

Mailing Address 11 Concord Street

10 / 17 / 2006

City State Zip Code  
Nashua NH 03064

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
Candidate/Cmtte Contrib NonFed  
Candidate Name

011  
Category/  
Type

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)  
B. JEB BRADLEY FOR CONGRESS

Transaction ID: SB21.10850  
Date of Disbursement

Mailing Address 27 Lowell Street, Suite 205

10 / 30 / 2006

City State Zip Code  
Manchester NH 03894

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement  
Cand/Cmtte Contributions  
Candidate Name

011  
Category/  
Type

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

Office Sought:  House  
 Senate  
 President  
State: NH District: 1

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)  
C. Marc Hathaway for County Attorney

Transaction ID: SB21.10954  
Date of Disbursement

Mailing Address PO Box 823

10 / 17 / 2006

City State Zip Code  
Sunapee NH 03782

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement  
Candidate/Cmtte Contrib NonFed  
Candidate Name

011  
Category/  
Type

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

27020032604

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

Full Name (Last, First, Middle Initial)  
A. Marshall Mitchell Campaign Fund

Transaction ID: SB21.10884  
Date of Disbursement

Mailing Address PO Box 13688

MM / DD / YYYY  
10 / 04 / 2006

City State Zip Code  
Anderson SC 29824

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement  
Candidate/Comte Contrib NonFed  
Candidate Name

011  
Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)  
B. McCaskill for Council

Transaction ID: SB21.10886  
Date of Disbursement

Mailing Address 804 Kirkwood Circle

MM / DD / YYYY  
10 / 04 / 2006

City State Zip Code  
Camden SC 29020

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement  
Candidate/Comte Contrib NonFed  
Candidate Name

011  
Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)  
C. McLin for Senate

Transaction ID: SB21.10938  
Date of Disbursement

Mailing Address 286 High Street

MM / DD / YYYY  
10 / 17 / 2006

City State Zip Code  
Somersworth NH 03878

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
Candidate/Comte Contrib NonFed  
Candidate Name

011  
Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)



**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)

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20b  19a  
20c  18b  
21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

Full Name (Last, First, Middle Initial) A. Mescher for Senate		Transaction ID: SB21.10888 Date of Disbursement 10 / 04 / 2008
Mailing Address PD Box 1		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pinopolis	State SC	
Zip Code 29469	Purpose of Disbursement Candidate/Comte Contrib NonFed	011 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2008	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Morse for Executive Council		Transaction ID: SB21.10840 Date of Disbursement 10 / 17 / 2008
Mailing Address 18 Brookhollow Drive		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Salem	State NH	
Zip Code 03078	Purpose of Disbursement Candidate/Comte Contrib NonFed	011 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2008	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) G. Nick Williams Campaign		Transaction ID: SB21.10808 Date of Disbursement 10 / 11 / 2008
Mailing Address PO Box 1325		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chatham	State AL	
Zip Code 36518	Purpose of Disbursement Candidate/Comte Contrib NonFed	011 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2008	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

27020032885

**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)				PAGE 34 / 41
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

Full Name (Last, First, Middle Initial) A. O'Dell for Senate		Transaction ID: SB21.10890 Date of Disbursement 10 / 04 / 2006	
Mailing Address PO Box 540		Amount of Each Disbursement this Period 500.00	
City Ware Shoals	State SC	Zip Code 29692	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Candidate/Cmtte Contrib NonFed Candidate Name		011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Olkkola for County Commissioner		Transaction ID: SB21.10942 Date of Disbursement 10 / 17 / 2006	
Mailing Address 30 Walker Hill Road		Amount of Each Disbursement this Period 250.00	
City Ossipee	State NH	Zip Code 03884	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Candidate/Cmtte Contrib NonFed Candidate Name		011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) G. Pappas for County Commissioner		Transaction ID: SB21.10944 Date of Disbursement 10 / 17 / 2006	
Mailing Address 432 Hanover Street		Amount of Each Disbursement this Period 250.00	
City Manchester	State NH	Zip Code 03104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Candidate/Cmtte Contrib NonFed Candidate Name		011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

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

27026032887

**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

Full Name (Last, First, Middle Initial) A. Raymond Wiecezorek for Executive Council		Transaction ID: SB21.10848 Date of Disbursement 10 / 17 / 2008
Mailing Address 1060 Ray Street		Amount of Each Disbursement this Period 1000.00
City Manchester	State NH	Zip Code 03104
Purpose of Disbursement Candidate/Comte Contrib NonFed Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> 011 Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. Re-Elect Jan Hammond		Transaction ID: SB21.10892 Date of Disbursement 10 / 04 / 2008
Mailing Address 141 Stephanson Lane		Amount of Each Disbursement this Period 500.00
City Columbia	State SC	Zip Code 29212
Purpose of Disbursement Candidate/Comte Contrib NonFed Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> 011 Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. RICK RENZI FOR CONGRESS		Transaction ID: SB21.10856 Date of Disbursement 11 / 14 / 2008
Mailing Address PO Box 5066		Amount of Each Disbursement this Period 2000.00
City Scottsdale	State AZ	Zip Code 85261
Purpose of Disbursement Cand/Comte Contrib-Debt Retirement Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> 011 Category/ Type
State: AZ District: 01		

SUBTOTAL of Disbursements This Page (optional) .....	3500.00
TOTAL This Period (last page this line number only) .....	

27020032888

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

**A. Sachs for Senate**

Full Name (Last, First, Middle Initial)  
Sachs for Senate

Mailing Address PO Box 207

City Cullman State AL Zip Code 35056

Purpose of Disbursement  
Candidate/Cmite Contrib NonFed

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10910  
Date of Disbursement  
MM / DD / YYYY  
10 / 11 / 2008

Amount of Each Disbursement this Period  
2500.00

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

011  
Category/Type

**B. SC College Republicans**

Full Name (Last, First, Middle Initial)  
SC College Republicans

Mailing Address 104 Wood Lily Lane

City Spartanburg State SC Zip Code 29307

Purpose of Disbursement  
Candidate/Cmite Contrib NonFed

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10894  
Date of Disbursement  
MM / DD / YYYY  
10 / 04 / 2008

Amount of Each Disbursement this Period  
1000.00

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

011  
Category/Type

**C. SIMMONS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
SIMMONS FOR CONGRESS

Mailing Address 12 Roosevelt Ave.

City Mystic State CT Zip Code 06355

Purpose of Disbursement  
Cand/Cmite Contrib-2008 Recount

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2008 Recount

State: CT District: 2

Transaction ID: SB21.10858  
Date of Disbursement  
MM / DD / YYYY  
11 / 14 / 2008

Amount of Each Disbursement this Period  
2000.00

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

011  
Category/Type

SUBTOTAL of Disbursements This Page (optional) 5500.00

TOTAL This Period (last page this line number only)

27020032689

**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)

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NAME OF COMMITTEE (in Full)  
FRIENDS OF JOHN MCCAIN

Full Name (Last, First, Middle Initial) A. Sloop for School Board		Transaction ID: SB21.10886 Date of Disbursement 10 / 04 / 2006
Mailing Address 5 Old Farm		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irmo	State SC	
Zip Code 29063		Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Candidate/Comte Contrib NonFed Candidate Name		
Category/Type 011		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. South Carolinians for Responsible Govt.		Transaction ID: SB21.10886 Date of Disbursement 10 / 23 / 2006
Mailing Address 1620 Gervais Street, Suite B		Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbia	State SC	
Zip Code 29201		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Candidate/Comte Contrib NonFed Candidate Name		
Category/Type 011		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Spaulding for Executive Council		Transaction ID: SB21.10948 Date of Disbursement 10 / 17 / 2006
Mailing Address 386 Gege Hill Road		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hopkinton	State NH	
Zip Code 03228		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Candidate/Comte Contrib NonFed Candidate Name		
Category/Type 011		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

27020032890

**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)

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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF JOHN MCCAIN**

Full Name (Last, First, Middle Initial) <b>A. St. Hilaire for County Attorney</b>		Transaction ID: SB21.10950 Date of Disbursement <b>10 / 17 / 2006</b>
Mailing Address <b>7 Lookout Circle</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>Concord</b>	State <b>NH</b>	Zip Code <b>03303</b>
Purpose of Disbursement Cand/Cmte Contrib NonFed Candidate Name		<input checked="" type="checkbox"/> <b>Q11</b> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2006</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TALENT FOR SENATE COMMITTEE</b>		Transaction ID: SB21.10854 Date of Disbursement <b>10 / 30 / 2006</b>
Mailing Address <b>9467 Dielman Rock Island Industria</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>St. Louis</b>	State <b>MO</b>	Zip Code <b>63132</b>
Purpose of Disbursement Cand/Cmte Contributions Candidate Name		<input checked="" type="checkbox"/> <b>Q11</b> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2006</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: <b>MO</b> District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. TOM KEAN FOR US SENATE INC</b>		Transaction ID: SB21.10852 Date of Disbursement <b>10 / 30 / 2006</b>
Mailing Address <b>PO Box 225</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Colonla</b>	State <b>NJ</b>	Zip Code <b>07067</b>
Purpose of Disbursement Cand/Cmte Contributions Candidate Name		<input checked="" type="checkbox"/> <b>Q11</b> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2006</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: <b>NJ</b> District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

27020032891

**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)

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20a  18  
20b  19a  
20c  19b  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF JOHN MCCAIN

**A. Vaughn for Senate**

Full Name (Last, First, Middle Initial)  
Vaughn for Senate

Mailing Address 623 Ashley Commons Court

City Greer State SC Zip Code 29651

Purpose of Disbursement  
Candidate/Comte Contrib NonFed  011  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10898  
Date of Disbursement  
10 / 04 / 2008

Amount of Each Disbursement this Period  
1000.00

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

**B. Wageling for County Attorney**

Full Name (Last, First, Middle Initial)  
Wageling for County Attorney

Mailing Address 58 Wagner Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Candidate/Comte Contrib NonFed  011  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.10852  
Date of Disbursement  
10 / 17 / 2008

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) ▶

1250.00

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

62500.00

Form Schedule SA11A1 Earmark contribution through Conduit Harris Federal Political Action Committee.  
Transaction ID: SA11A1.11024

Form Schedule SA11A1 See memo.  
Transaction ID: SA11A1.11024.0

27020032893



Form/Schedule: BA15 On November 30, 2008, the Committee liquidated its securities investment account. At that time, it realized  
Transaction ID: BA15.11038 a loss on the sale of the securities.

270200632894

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 01-31-07  
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	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

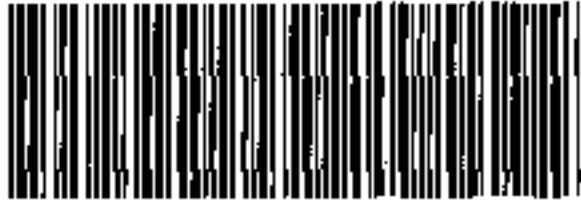
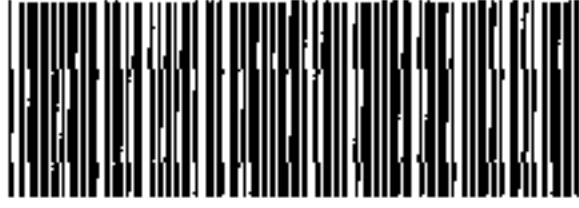
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 01-31-07

27020052895



27020032886