

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

Transaction ID: SB18.10967

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	2	6	2	0	0	6

Mailing Address PO Box 18118

Amount of Each Disbursement this Period

50000.00
----------

City State Zip Code  
Arlington VA 22215

Purpose of Disbursement  
Transfer to other Auth Cmte

008
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:  Primary  General  
 Other (specify) ▼

State: District: 00

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

Transaction ID: SB18.11030

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	2	7	2	0	0	6

Mailing Address PO Box 18118

Amount of Each Disbursement this Period

20000.00
----------

City State Zip Code  
Arlington VA 22215

Purpose of Disbursement  
Transfer to other Auth Cmte

008
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:  Primary  General  
 Other (specify) ▼

State: District: 00

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

70000.00

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

1050000.00

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