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# UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report:	Senate Office / Agency in Which Employed
McCain	John S. III	2007	U.S. Senator
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report Termination Date (mm/dd/yyyy):	Prior Office / Agency in Which Employed
241 Russell Senate Office Building Washington, DC 20510	(202) 224-2235	N/A	N/A

**AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART**

	YES	NO	YES	NO
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If Yes, Complete and Attach PART I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, Complete and Attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, Complete & Attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, Complete and Attach PART IV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If Yes, Complete and Attach PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$335 from one source)? If Yes, Complete and Attach PART VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, Complete and Attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you have any reportable agreement or arrangement with an outside entity? If Yes, Complete and Attach PART IX.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years? If Yes, Complete and Attach PART X.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Each question must be answered and the appropriate PART attached for each "YES" response.**

**File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.)

Certification I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Signature of Reporting Individual Date (Month, Day, Year) 05/15/08
For Official Use Only - Do Not Write Below This Line	
It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official Date (Month, Day, Year)

FOR OFFICIAL USE ONLY  
Do Not Write Below this Line

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**PART I. PAYMENTS TO PAY CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA**

Reporting Individual's Name  
McCain, John S. III

Report the source (name and address), date, and amount of any payment from each source to a charitable organization made in lieu of honoraria to you during the reporting period. Identify the activity (speech, article, or appearance), which generated the payment. For further information, see Instructions.

**Note:** Travel expenses in excess of \$335 related to activities giving rise to these payments must be reported in Part VI, Reimbursements.

Date of Payment	Name of Source	Address (City, State)	Speech, Article, or Appearance	Amount
3/26/0X	Association of American Associations	Wash., DC	Speech	\$1,000
7/23/0X	XYZ Magazine	NY, NY	Article	\$500
1	No Entry			
2	No Entry			
3	No Entry			
4	No Entry			
5	No Entry			
6	No Entry			
7	No Entry			
8	No Entry			
9	No Entry			
10	No Entry			
11	No Entry			
12	No Entry			
13	No Entry			
14	No Entry			

A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.

Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

**Individuals not covered by the Honoraria Ban:**

For you and/or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

1	Name of Income Source	Address (City, State)	Type of Income	Amount
	JP Computers MCI (Spouse)	Wash., DC Arlington, VA	Salary Salary	\$15,000 Over \$1,000
1	US Navy Finance Center	Cleveland, OH	Annual Pension	\$58,358
2	Sterling Lord Literistics/Random House, Inc. (Please see pages 7, 28 and Attachment A for additional information)	New York, NY	Random House Book Copyright Royalties - Donated to Charity (net of commissions)	\$83,705
3	Sterling Lord Literistics/Warner Books, Inc., a subsidiary of Hachette Book Group USA, Inc. (Please see pages 7, 28, and Attachment A for additional information)	New York, NY	Warner Books, Inc. Book Copyright Royalties - Donated to Charity (net of commissions)	\$91,250
4	Sterling Lord Literistics/Easton Press (Please see page 28 for additional information)	Norwalk, CT	Book Signing Revenue - Donated to Charity (net of commissions)	\$1,553
5	Hensley & Co. (Spouse)	Phoenix, AZ	Salary	Over \$1,000
6	No Entry			
7	No Entry			
8	No Entry			
9	No Entry			
10	No Entry			
11	No Entry			
12	No Entry			
13	No Entry			

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**PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources	BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																							
	At the close of reporting period, if None, or less than \$1,001, Check the first column.										If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.																							
	Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p. 3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.										Type of Income					Amount of Income					Actual Amount Required if "Other" Specified													
Example: DC, or J (S)	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	Over \$25,000,001 - \$50,000,000	Over \$50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Example	Example		
S, IBM Corp. (stock)												X									X													
(S) Keystone Fund																					X													

**Assets and Income of John McCain:**

	1	2	3	4	5	6	7	8	9
1 Wachovia Bank Checking Account	X								
2 USAA Account (Underlying Asset is USAA Money Market Fund)		X							
3									
4									
5									
6									
7									
8									
9									

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right. \*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was held jointly, use the other categories of value, as appropriate.

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BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets		BLOCK C Type and Amount of Income								
<p>Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child. (See p. 3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:</p> <p>(1) had a value exceeding \$1,000 at the close of the reporting period; and/or</p> <p>(2) generated over \$200 in "unearned" income during the reporting period.</p> <p>Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, and qualified blind trusts, and publicly traded assets of a retirement plan.</p>		<p>At the close of reporting period. If None, or less than \$1,001, Check the first column.</p>		<p>If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.</p>								
Reporting Individual's Name	Example: DC, or J (S)	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Over \$1,000,000***	Over \$1,000,000***	\$1,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
McCain, John S. III	S, IBM Corp. (stock) or J (S) Keystone Fund		X									

**Joint Assets and Income of John and Cindy McCain:**

	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000
	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example
1 (J) Chase Checking and Savings Accounts			X																
2 (J) Wachovia Bank Checking Account																			
3 No Entry																			
4 No Entry																			
5 No Entry																			
6 No Entry																			
7 No Entry																			
8 No Entry																			
9 No Entry																			

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was held jointly, use the other categories of value, as appropriate.



