

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

| | | |
|---|--|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8728 / 9067 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) MRS. JANE WILSON | Date of Receipt MM / DD / YYYY 09 / 07 / 2008 |
| | Mailing Address 2230 HEATHERMOOR HILL DRIVE | Transaction ID: SA11.2169280 |
| | City State Zip Code MARIETTA GA 30062-6504 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| | Name of Employer Occupation HOMEMAKER HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) JEFF S. WILSON | Date of Receipt MM / DD / YYYY 09 / 15 / 2008 |
| | Mailing Address 32630 WATERWORTH CT | Transaction ID: SA11.2237935 |
| | City State Zip Code FULSHEAR TX 77441-4367 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| | Name of Employer Occupation SELF-EMPLOYED REALTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) MISS JOAN E. WILSON | Date of Receipt MM / DD / YYYY 09 / 07 / 2008 |
| | Mailing Address 18345 FAIRWAY OAKS SQUARE | Transaction ID: SA11.2157031 |
| | City State Zip Code LEESBURG VA 20176-8473 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| | Name of Employer Occupation SYNTHES SPINE MEDICAL SALES CONSULTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

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|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1750.00 |
| TOTAL This Period (last page this line number only) | |