

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MCCAIN-PALIN VICTORY 2008

ADDRESS (number and street) 228 S. WASHINGTON STREET
SUITE 115
 Check if different than previously reported. (ACC)
ALEXANDRIA VA 22314

2. **FEC IDENTIFICATION NUMBER** C00453738
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 25 2008 through 12 31 2008

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 Lisa Lisker

Signature of Treasurer Electronically Filed by Lisa Lisker Date 01 30 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MCCAIN-PALIN VICTORY 2008

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		0.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	9665814.59									
(c) Total Receipts (from Line 19)	166751.31	100930001.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9832565.90	100930001.75								
7. Total Disbursements (from Line 31)	2602120.43	93699556.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7230445.47	7230445.47								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
MCCAIN-PALIN VICTORY 2008

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	145411.00	73394433.06
(i) Itemized (use Schedule A)		
(ii) Unitemized	20915.31	26629356.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)	166326.31	100023789.20
(b) Political Party Committees	400.00	27450.86
(c) Other Political Committees (such as PACs)	25.00	501731.69
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	166751.31	100552971.75
12. Transfers From Affiliated/Other Party Committees	0.00	299030.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	78000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	166751.31	100930001.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	166751.31	100930001.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1647926.12	18100724.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1647926.12	18100724.99
22. Transfers to Affiliated/Other Party Committees.....	665589.31	74987455.29
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	275005.00	597776.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	13600.00	13600.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	288605.00	611376.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2602120.43	93699556.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2602120.43	93699556.28

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	166751.31	100552971.75
34. Total Contribution Refunds (from Line 28(d))	288605.00	611376.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-121853.69	99941595.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1647926.12	18100724.99
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	78000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1647926.12	18022724.99

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

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

FOR LINE NUMBER: PAGE 6 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
MR. CHARLES ADAMO

Mailing Address 950 GLEN CLOVE AVE

City State Zip Code
GLEN HEAD NY 11545-1579

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

Name of Employer Occupation
RETIRED REITRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 8

Transaction ID: SA11.2936742

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BOB ADAMS

Mailing Address PO DRAWER 789

City State Zip Code
SWEETWATER TX 79556-0789

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: SA11.2939781

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES J. AMMEEN, JR.

Mailing Address 2625 N. MERIDIAN ST
NO. 1104

City State Zip Code
INDIANAPOLIS IN 46208-7701

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

Name of Employer Occupation
BAKER & DANIELS ATTORNEY AT LAW

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 8

Transaction ID: SA11.2936740

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **6900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 154

(check only one)

<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)
MS. MARY FIELD AREHART

Mailing Address 2 SOUTHERLY COURT
APARTMENT 304

City State Zip Code
BALTIMORE MD 21286-2705

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11.2938679

Amount of Each Receipt this Period

125.00

CONTRIBUTION

B.

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

Mailing Address 13500 SUTTON PARK DRIVE S.

City State Zip Code
JACKSONVILLE FL 32224-5251

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

Name of Employer Occupation
ARNALL GROUP GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11.2941984

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
REV. ALBERT D. AUDETTE, JR.

Mailing Address 279 ATLANTIC STREET

City State Zip Code
STAMFORD CT 06901-3506

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

Name of Employer Occupation
DIOCESE OF BRIDGEPORT ROMAN CATHOLIC PRIEST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: SA11.2943140

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

725.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. RON K. BAILEY

Mailing Address 912 W. PLATT STREET

City State Zip Code
TAMPA FL 33606-2114

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

Name of Employer Occupation
BATTLEVIEW INVESTMENTS INVESTMENT MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11.2941996

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CLAYTON D. BAIRD

Mailing Address 5955 CRAB ORCHARD RD

City State Zip Code
HOUSTON TX 77057-1421

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11.2939122

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JEAN BEISTLE

Mailing Address R.R. 1 BOX 119A

City State Zip Code
WESTERN GROVE AR 72685-0096

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: SA11.2942908

Amount of Each Receipt this Period
70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **5370.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. GORDON W. BENTLEY

Mailing Address 1425 LUNA MESA ROAD

City State Zip Code
YUCCA VALLEY CA 92284-0951

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 215.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11.2941935

Amount of Each Receipt this Period
20.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD R. BLACKBURN

Mailing Address 2055 EMORY ST

City State Zip Code
SAN JOSE CA 95128-1418

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: SA11.2938429

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN BOARD

Mailing Address 704 VIEWMONT DRIVE

City State Zip Code
CHARLESTON WV 25302-2453

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 8

Transaction ID: SA11.2937831

Amount of Each Receipt this Period
-250.00

CONTRIBUTION

CHECK RETURNED BY BANK

SUBTOTAL of Receipts This Page (optional) ► **-130.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 154

(check only one)

<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)
MR. NICHOLAS J. BOVE, JR.

Mailing Address 6100 MAIN STREET

City State Zip Code
TRUMBULL CT 06611-2438

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

Name of Employer Occupation
DIVISION OF CRIMINAL JUSTICE SENIOR ASSISTANT STATE'S ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: SA11.2943145

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT W. BRACH

Mailing Address 1732 BRIDGEWATER DR

City State Zip Code
HEATHROW FL 32746-4103

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 0 8

Transaction ID: SA11.2936717

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES R. BRIGHAM

Mailing Address 24 WATER OAK DRIVE

City State Zip Code
HILTON HEAD SC 29928-3009

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: SA11.2936272

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 154
(check only one)

<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)
MR. CHARLES P. BROCATO

Mailing Address 630 BROCK DR.

City State Zip Code
CORPUS CHRISTI TX 78412-3008

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

Name of Employer Occupation
SELF-EMPLOYED PETROLEUM GEOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2008

Transaction ID: SA11.2938369

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. CAROLE BROWN

Mailing Address 20 SPRING STREET

City State Zip Code
STAMFORD CT 06901

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 10100.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2008

Transaction ID: SA11.2949573

Amount of Each Receipt this Period
-38000.00

CONTRIBUTION

CHARGED BACK

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM J. BRYSON

Mailing Address 377 SPRING MEADOW CIRCLE

City State Zip Code
NEW HOPE PA 18938-1571

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

Name of Employer Occupation
P.J.M. INTERCONNECTION, L.L.C. FACILITIES MANAGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2008

Transaction ID: SA11.2939332

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **-37700.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. DAVID F. BUCHANAN

Mailing Address 31886 SADDLETREE DRIVE

City State Zip Code
WESTLAKE VILLAGE CA 91361-4700

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

Name of Employer Occupation
TACTICOM USA BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: SA11.2939335

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DALE BURT

Mailing Address 404 MILES COVE

City State Zip Code
BRANDON MS 39047-6908

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

Name of Employer Occupation
BURT SALES & SOUND, INC. SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: SA11.2936318

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JOAN P. CAHILL

Mailing Address 8419 N. 11TH AVENUE

City State Zip Code
PHOENIX AZ 85021-5514

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: SA11.2936271

Amount of Each Receipt this Period
75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1075.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. MARVIN RAY CALDWELL

Mailing Address 73 SAN REMO CIRCLE

City State Zip Code
NAPLES FL 34112-9100

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2008

Transaction ID: SA11.2936780

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ANDREA J. CATSIMATIDIS

Mailing Address 817 5TH AVENUE
14TH FLOOR

City State Zip Code
NEW YORK NY 10065-7254

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

Name of Employer Occupation
STUDENT STUDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: SA11.2941998

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD CHANDLER, III

Mailing Address 4008 CROSS GROVE CIRCLE

City State Zip Code
BIRMINGHAM AL 35242-2810

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

Name of Employer Occupation
SELF-EMPLOYED PILOT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2008

Transaction ID: SA11.2936772

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 25450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 154

(check only one)

<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)
MR. FREDERICK E. CHRISTEN

Mailing Address 8708 GARDENIA DR

City State Zip Code
DENTON TX 76207-8649

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11.2939133

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. CHRISTINE M. CICCONE

Mailing Address 1629 N. EDISON STREET

City State Zip Code
ARLINGTON VA 22207-1966

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

Name of Employer Occupation
HONEYWELL LAW

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11.2943240

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CLIFFORD A. CLEMENS

Mailing Address 8247 W. GREEN TREE ROAD

City State Zip Code
MILWAUKEE WI 53223-4929

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11.2938938

Amount of Each Receipt this Period

1400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. LOUIE MAURO CORDERO, SR.
Mailing Address 1367 W. ARCH STREET
City UNION State OR Zip Code 97883-9299
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 825.00
Date of Receipt 12 / 02 / 2008
Transaction ID: SA11.2937751
Amount of Each Receipt this Period 50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ROSALIE M. CORNELL
Mailing Address 1010 SCOTT PARK DRIVE
APARTMENT 302
City IOWA CITY State IA Zip Code 52245-3979
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 685.00
Date of Receipt 12 / 03 / 2008
Transaction ID: SA11.2938471
Amount of Each Receipt this Period 100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EION M. CORRIE
Mailing Address 27466 U.S. HIGHWAY 19 N.
LOT 86
City CLEARWATER State FL Zip Code 33761-4907
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 610.00
Date of Receipt 11 / 26 / 2008
Transaction ID: SA11.2936448
Amount of Each Receipt this Period 100.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 250.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 16 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. EUGENE B. COURTADE

Mailing Address 3901 SCENIC RIDGE

City State Zip Code
TRAVERSE CITY MI 49684-3901

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2008

Transaction ID: SA11.2937752

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ANN M. CRONKHITE

Mailing Address 1228 S. WALL STREET

City State Zip Code
SPOKANE WA 99204-3748

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2008

Transaction ID: SA11.2936320

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT M. DANNER, JR.

Mailing Address 4602 OXFORD CIR

City State Zip Code
MACON GA 31210-3104

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

Name of Employer Occupation
NORTHWESTERN MUTUAL MANAGING DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2008

Transaction ID: SA11.2935829

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1125.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
L. W. DAVIS

Mailing Address 60 BEACHSIDE AVENUE

City WESTPORT State CT Zip Code 06880-6207

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 12 / 2008
Transaction ID: SA11.2942013
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARY C. DEUSENBERY

Mailing Address 1 MILL STREET

City COHOCTON State NY Zip Code 14826-9405

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

Name of Employer RETIRED
Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 12 / 02 / 2008
Transaction ID: SA11.2937749
 Amount of Each Receipt this Period 80.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RAY V. DONATON

Mailing Address P.O. BOX 11219

City WILMINGTON State NC Zip Code 28404-1219

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 09 / 2008
Transaction ID: SA11.2939343
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 154

(check only one)

<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) MR. CRAIG M. DRAKE		Date of Receipt
	Mailing Address 1529 WALNUT STREET 5TH FLOOR		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	PHILADELPHIA	PA	19102-3012
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.2941995
Name of Employer CRAIG DRAKE MANUFACTURING, INC.		Occupation C.E.O.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2000.00"/>
			CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) MR. FRANK C. DUDENHEFER		Date of Receipt
	Mailing Address 416 GRAVIER STREET		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	NEW ORLEANS	LA	70130-2419
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.2944362
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="28500.00"/>
			CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) MS. NORMA EPIFANO		Date of Receipt
	Mailing Address 773 BAMBOO DRIVE		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	BOCA RATON	FL	33432-3002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.2942038
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
			CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="31000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 19 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. GEORGE FARIAS
Mailing Address 525 PARK AVENUE
City NEW YORK State NY Zip Code 10065-8197
FEC ID number of contributing federal political committee. **C**
Name of Employer INTERNATIONAL FINANCE HOLDING Occupation FINANCE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 28500.00
Date of Receipt 12 / 29 / 2008
Transaction ID: SA11.2944360
Amount of Each Receipt this Period 28500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LISA FOSHEE
Mailing Address 19109 173RD AVE NE
City WOODINVILLE State WA Zip Code 98072-6610
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 11 / 30 / 2008
Transaction ID: SA11.2937687
Amount of Each Receipt this Period 100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RUDY FRASCA
Mailing Address 906 AIRPORT ROAD
City URBANA State IL Zip Code 61802-7375
FEC ID number of contributing federal political committee. **C**
Name of Employer FRASCA INTERNATIONAL INC. Occupation PRESIDENT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 12 / 08 / 2008
Transaction ID: SA11.2939150
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 29600.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 154
(check only one)

<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. JANET H. FRAZIER

Mailing Address 840 N. ABREGO DRIVE

City State Zip Code
GREEN VALLEY AZ 85614-3330

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: SA11.2941943

Amount of Each Receipt this Period
125.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DOUGLAS C. FRECHTLING

Mailing Address 6003 CROMWELL DRIVE

City State Zip Code
BETHESDA MD 20816-3409

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

Name of Employer Occupation
GEORGE WASHINGTON UNIVERSITY EDUCATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2008

Transaction ID: SA11.2938506

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MICHELE FRIEDMAN

Mailing Address 3324 CHIPPING WOOD COURT

City State Zip Code
ALPHARETTA GA 30004-4327

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2008

Transaction ID: SA11.2939364

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 325.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS. ANDREA FROHLICH

Mailing Address 2800 ISLAND BLVD

City State Zip Code
AVENTURA FL 33160-4935

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: SA11.2943158

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHESTER R. FRYE

Mailing Address 201 S. BROAD STREET
APARTMENT 6

City State Zip Code
JERSEY SHORE PA 17740-1850

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 241.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11.2936459

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH FUSELLI

Mailing Address 10 SCHEIVERT AVENUE

City State Zip Code
ASTON PA 19014-2762

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

Name of Employer Occupation
ASTON PHARMACY PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: SA11.2936287

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 700.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 154
(check only one)

<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. JUDIE GANEK

Mailing Address 775 PARK AVENUE

City State Zip Code
NEW YORK NY 10021-4253

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

Name of Employer Occupation
NEUBURGER BERMAN INVESTMENT ADVISOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11.2941997

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ANTHONY GIANCRISTOFARO

Mailing Address 5 QUILL PEN WAY

City State Zip Code
WARREN NJ 07059-5517

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: SA11.2939337

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. PEGGY JANE MCFARLAND GIDEON

Mailing Address 3623 EMBASSY LANE

City State Zip Code
FAIRFAX VA 22030-1846

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3246.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: SA11.2938468

Amount of Each Receipt this Period

498.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2998.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 23 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS. PEGGY JANE MCFARLAND GIDEON

Mailing Address 3623 EMBASSY LANE

City State Zip Code
FAIRFAX VA 22030-1846

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3246.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2008

Transaction ID: SA11.2938469

Amount of Each Receipt this Period
498.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. PHILIP O. HAINES

Mailing Address 2211 MINDEN WAY

City State Zip Code
SACRAMENTO CA 95835-1319

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

Name of Employer Occupation
CATHOLIC HEALTHCARE WEST PHYSICIAN/DIAGNOSTIC RADIOLOGO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2008

Transaction ID: SA11.2936767

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GORDON R. HALL

Mailing Address 11 UPTON AVENUE

City State Zip Code
NORTH READING MA 01864-2705

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

Name of Employer Occupation
HALL SHEET METAL WKS., IN-C. SHEET METAL CONTRACTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2008

Transaction ID: SA11.2936756

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 948.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 154

(check only one)

<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)
MS. DANA AMES HAMMOND

Mailing Address 117 E. 72ND STREET

City State Zip Code
NEW YORK NY 10021-4249

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 12000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: SA11.2939363

Amount of Each Receipt this Period

12000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CHARLES C. HARLOW

Mailing Address 1623 5TH AVENUE N.
UNIT 1

City State Zip Code
SEATTLE WA 98109-2966

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: SA11.2944069

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM C. HARTING

Mailing Address 101 TAYLOR RD

City State Zip Code
ESTILL SPRINGS TN 37330-3831

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11.2939129

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. BRUCE A. HAWKINS

Mailing Address 22777 RENFORD STREET

City State Zip Code
NOVI MI 48375-4528

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

Name of Employer SELF-EMPLOYED Occupation ACCOUNTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	0	8

Transaction ID: SA11.2938936

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ORREL BRYANT HAYDEN

Mailing Address 2717 1/2 N. SPRUCE STREET

City State Zip Code
LAGRANDE OR 97850-3608

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	8

Transaction ID: SA11.2938464

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. NELSON HEMPHILL

Mailing Address 300 N. 4TH STREET,
APT 1703

City State Zip Code
ST. LOUIS MO 63102-1963

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

Name of Employer NONE Occupation NONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	8

Transaction ID: SA11.2938359

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 154

(check only one)

<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)
MR. KARL J. HENDERSHOTT

Mailing Address 110 FAIR WAY

City State Zip Code
CHELAN WA 98816-9521

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
12 / 08 / 2008

Transaction ID: SA11.2939149

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B.

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

Mailing Address 22002 SW OAK HILL LANE

City State Zip Code
TUCATIN OR 97062-7710

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF-EMPLOYED BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
12 / 08 / 2008

Transaction ID: SA11.2939128

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

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

Mailing Address 5557 SW 91 AVENUE

City State Zip Code
MIAMI FL 33165-6652

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
P. & H. STRUCTURAL CONSTRUCTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
12 / 18 / 2008

Transaction ID: SA11.2943143

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 154
(check only one)

<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) MR. PAUL HIGGINS		Date of Receipt MM / DD / YYYY 11 / 26 / 2008
Mailing Address 1250 BLUE HAVEN DRIVE		Transaction ID: SA11.2936444
City MUSTANG	State OK	Zip Code 73064-2918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

B.

Full Name (Last, First, Middle Initial) MR. HARLEY HUNT		Date of Receipt MM / DD / YYYY 12 / 12 / 2008
Mailing Address 117 W. BRYAN AVENUE		Transaction ID: SA11.2942007
City SAPULPA	State OK	Zip Code 74066-4134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) MR. RONALD W. JACKSON		Date of Receipt MM / DD / YYYY 11 / 25 / 2008
Mailing Address 5679 MONROE STREET APARTMENT 1117		Transaction ID: SA11.2936322
City SYLVANIA	State OH	Zip Code 43560-2725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) MS. BERNICE HUGHES JEZEWSKI</p> <p>Mailing Address 5959 PEACOCK RIDGE RD. UNIT 6</p> <p>City State Zip Code RANCHO PALOS VERDE CA 90275-3468</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation HOMEMAKER HOMEMAKER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 01 / 2008</p> <p>Transaction ID: SA11.2936773</p> <p>Amount of Each Receipt this Period 100.00</p> <p>CONTRIBUTION</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) MICHAEL KEEGAN</p> <p>Mailing Address 3075 STIRRUP DRIVE</p> <p>City State Zip Code JACKSON WY 83001-9123</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation WATCHGUARD SECURITY SYSTEMS BUSINESS OWNER/SALES</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 30 / 2008</p> <p>Transaction ID: SA11.2937709</p> <p>Amount of Each Receipt this Period 250.00</p> <p>CONTRIBUTION</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) MR. DAVID G. KENT</p> <p>Mailing Address 3690 REDONDO BEACH AVE</p> <p>City State Zip Code REDONDO BEACH CA 90278-1107</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation WEB LAUNDRY SERVICE COMPANY EXECUTIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 18 / 2008</p> <p>Transaction ID: SA11.2943135</p> <p>Amount of Each Receipt this Period 500.00</p> <p>CONTRIBUTION</p>
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SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 154

(check only one)

<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. JOAN A. KERWIN

Mailing Address 1845 HOWARD ST

City State Zip Code
WHEATON IL 60187-3238

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: SA11.2943156

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JAMES G. KETTLES

Mailing Address 711 ST. JOHNS DRIVE

City State Zip Code
MANSFIELD TX 76063-4055

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

Name of Employer Occupation
METRO AVIATION, INC. SALESMAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 0 8

Transaction ID: SA11.2936768

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. KENNETH D. KNOTT

Mailing Address 59926 COMSTOCK ROAD

City State Zip Code
COVE OR 97824-8100

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

Name of Employer Occupation
SELF-EMPLOYED RANCHER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11.2944399

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 154

(check only one)

<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)
MR. BILL LAMBERT

Mailing Address 800 W. HARNED AVE.

City State Zip Code
STILLWATER OK 74075-1306

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation
CONST.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: SA11.2937753

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RON LAMOLY

Mailing Address 7040 SW 97TH PLACE

City State Zip Code
OCALA FL 34476-7092

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: SA11.2939366

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. MARCY LIPPMAN

Mailing Address 10985 NW 5TH COURT

City State Zip Code
PLANTATION FL 33324-1533

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

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11.2942311

Amount of Each Receipt this Period

30800.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional) ▶

530.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 154

(check only one)

<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)
MR. STEVEN N. LIPPMAN

Mailing Address 10985 NW 5TH COURT

City State Zip Code
PLANTATION FL 33324-1533

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

Name of Employer Occupation
ROTHSTEIN ROSENFELDT ADLER ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 37000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11.2942312

Amount of Each Receipt this Period

-30800.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B.

Full Name (Last, First, Middle Initial)
MR. ANTHONY L. LOCICERO

Mailing Address 3213 N. 45TH STREET

City State Zip Code
MILWAUKEE WI 53216-3303

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 0 8

Transaction ID: SA11.2936777

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. MATT LUTTRELL

Mailing Address 40105 SKYLARK DRIVE

City State Zip Code
FORT COLLINS CO 80524-9029

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

Name of Employer Occupation
EMEK PHYSICIANS OF ROCKIES DOCTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11.2942286

Amount of Each Receipt this Period

-5000.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional)

-4975.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 154

(check only one)

<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. CAROL S. MAHONEY

Mailing Address 670 LAKE DRIVE

City State Zip Code
VERO BEACH FL 32963-2165

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: SA11.2937748

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. KENNETH MARLIN

Mailing Address 15 W. 81ST STREET 6F

City State Zip Code
NEW YORK NY 10024

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

Name of Employer Occupation
MARLIN AND ASSOCIATES NEW YORK LLC CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 278775

Amount of Each Receipt this Period

-20000.00

CONTRIBUTION

CHARGED BACK

C.

Full Name (Last, First, Middle Initial)
MRS. STACEY MAYROCK

Mailing Address 395 DUCK POND ROAD

City State Zip Code
LOCUST VALLEY NY 11560-2400

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11.2941993

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

INFORMATION REQUESTED PER BEST EFFORTS

SUBTOTAL of Receipts This Page (optional)

-17500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) MRS. VICKI M. MCANINCH</p> <p>Mailing Address 175 HENSON STREET</p> <p>City State Zip Code SPARTANBURG SC 29307-3048</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 320.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 8</p> <p>Transaction ID: SA11.2939321</p> <p>Amount of Each Receipt this Period 50.00</p> <p>CONTRIBUTION</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) MR. THOMAS MCCAGE</p> <p>Mailing Address 24238 N. LAKESIDE DRIVE</p> <p>City State Zip Code LAKE ZURICH IL 60047-8847</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 0.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 8</p> <p>Transaction ID: SA11.2937827</p> <p>Amount of Each Receipt this Period -500.00</p> <p>CONTRIBUTION</p> <p>CHECK RETURNED BY BANK</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) MR. BRUCE R. MCCAWE</p> <p>Mailing Address P.O. BOX 1607</p> <p>City State Zip Code BELLEVUE WA 98009-1717</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer PISTOL CREEK COMPANY Occupation C.E.O.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 8</p> <p>Transaction ID: SA11.2939315</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>CONTRIBUTION</p>
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SUBTOTAL of Receipts This Page (optional)	4550.00
TOTAL This Period (last page this line number only)	

**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 34 / 154
	<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) MR. BRAD MCCRARY	Date of Receipt MM / DD / YYYY 12 / 27 / 2008
	Mailing Address 76 EAGLE ROCK CIRCLE	Transaction ID: SA11.2944475
	City State Zip Code THE WOODLANDS TX 77381-4343	Amount of Each Receipt this Period -100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer GROVES INDUSTRIAL Occupation SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	CHARGED BACK

B.	Full Name (Last, First, Middle Initial) MR. THOMAS MCGRATH	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 50 RUE DAREAU	Transaction ID: SA11.2942008
	City State Zip Code PARIS, FRANCE 7501 FF 99999	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer NATIXIS Occupation BANKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

C.	Full Name (Last, First, Middle Initial) MR. JAMES MILLIGAN	Date of Receipt MM / DD / YYYY 12 / 05 / 2008
	Mailing Address 40 GROSVENOR PLACE	Transaction ID: SA11.2939370
	City State Zip Code LONDON SW1X 7AW FF 99999	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 154

(check only one)

<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. RUTH K. MITZNER

Mailing Address 50 WARWICK ROAD

City State Zip Code
GREAT NECK NY 11023-1614

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

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 12 / 2008

Transaction ID: SA11.2942001

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. SEALE A. MOORER, SR.

Mailing Address 5000 RUSTIC OAKS CIRCLE

City State Zip Code
NAPLES FL 34105-4523

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

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 08 / 2008

Transaction ID: SA11.2939135

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. ANN M. NALE

Mailing Address 549 MCFARLAN RD.

City State Zip Code
KENNETH SQUARE PA 19348-2408

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

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 10 / 2008

Transaction ID: SA11.2939785

Amount of Each Receipt this Period

320.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1820.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. JOHN NELSON
 Mailing Address 113 BLUE STAR
 City State Zip Code
 SAN ANTONIO TX 78204-1714
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 8
Transaction ID: SA11.2944405
 Amount of Each Receipt this Period
 20.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

B. Full Name (Last, First, Middle Initial)
MR. THOMAS E. NELSON
 Mailing Address 1901 N. 73RD AVENUE
 City State Zip Code
 ELM WOOD PARK IL 60707-3707
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 0 / 2 0 0 8
Transaction ID: SA11.2939847
 Amount of Each Receipt this Period
 800.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OFFSETT PRESS, INC. PRINTING SALESMAN
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3900.00

C. Full Name (Last, First, Middle Initial)
PARLEE L. OBELE
 Mailing Address 1485 W. HWY 89A
 STE 5
 City State Zip Code
 SEDONA AZ 86336-5745
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 0 1 / 2 0 0 8
Transaction ID: SA11.2936736
 Amount of Each Receipt this Period
 3750.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 7500.00

SUBTOTAL of Receipts This Page (optional) ► 4570.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 37 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS. LUCY J. OLDFIELD

Mailing Address 3100 SHORE DRIVE
APARTMENT 1113

City State Zip Code
VIRGINIA BEACH VA 23451-1163

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 8

Transaction ID: SA11.2936758

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. IRMA B. ORUM

Mailing Address P.O. BOX 384

City State Zip Code
SAINT CHARLES IL 60174-0384

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

Name of Employer Occupation
MIDWEST TRADING, INC. CHAIRMAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: SA11.2936274

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN E. OVERMYER

Mailing Address 5301 GULF BLVD.

City State Zip Code
SAINT PETE BEACH FL 33706-2307

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: SA11.2939324

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2850.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. JERRY G. PANEK

Mailing Address 2485 COUNTY ROAD 782

City State Zip Code
WOODLAND PARK CO 80863-9609

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	8

Transaction ID: SA11.2939871

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PETER PANTALEO

Mailing Address 1111 PARK AVENUE

City State Zip Code
NEW YORK NY 10128

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

Name of Employer D.L.A. PIPER
Occupation LAWYER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	8

Transaction ID: SA11.2949557

Amount of Each Receipt this Period
-5000.00

CONTRIBUTION

CHARGED BACK

C. Full Name (Last, First, Middle Initial)
MR. WAYNE PANTER

Mailing Address 4823 15TH STREET

City State Zip Code
LUBBOCK TX 79416-5617

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

Name of Employer RETIRED
Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	0	8

Transaction ID: SA11.2938932

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **-4300.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. PETER J. PAPPAS, SR.
Mailing Address 135 W. 18TH STREET
City NEW YORK State NY Zip Code 10011-4104
FEC ID number of contributing federal political committee. **C**
Name of Employer P.J. MECHANICAL CORPORATI-
ON Occupation EXECUTIVE
Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 12 / 12 / 2008
Transaction ID: SA11.2941999
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT P. PARKER
Mailing Address 1615 L ST. NW
STE 1300
City WASHINGTON State DC Zip Code 20036-5677
FEC ID number of contributing federal political committee. **C**
Name of Employer PAUL WEISS Occupation ATTORNEY
Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00
Date of Receipt 11 / 25 / 2008
Transaction ID: SA11.2935907
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ARLENE J. PEFFLEY
Mailing Address P.O. BOX 5093
City LANCASTER State PA Zip Code 17606-5093
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 12 / 05 / 2008
Transaction ID: SA11.2938942
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 10250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 154

(check only one)

<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)
MR. FRANK E. PICKERING

Mailing Address 18 STRAWBERRY HILL LANE

City State Zip Code
DANVERS MA 01923-1162

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11.2938686

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JAMES N. PRITZKER

Mailing Address 53 W. JACKSON BLVD.
SUITE 460

City State Zip Code
CHICAGO IL 60604-3419

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

Name of Employer Occupation
TAWANI ENTERPRISES INC. C.E.O. & PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11.2941992

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. KAREN J. REHFELD

Mailing Address P.O. BOX 211584

City State Zip Code
AUKE BAY AK 99821-1584

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11.2942296

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

25600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DR. ROBERT REIERSON

Mailing Address 501 S. LAPOSADA CIRCLE #309

City State Zip Code
GREEN VALLEY AZ 85614-5107

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2008

Transaction ID: SA11.2939334

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT J. RHODY

Mailing Address 4270 CHULA SENDA LANE

City State Zip Code
LACANADA FLINTRIDG CA 91011-3553

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

Name of Employer Occupation
SELF-EMPLOYED PROFESSIONAL GAMBLER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 05 / 2008

Transaction ID: SA11.2938922

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT J. RHODY

Mailing Address 4270 CHULA SENDA LANE

City State Zip Code
LACANADA FLINTRIDG CA 91011-3553

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

Name of Employer Occupation
SELF-EMPLOYED PROFESSIONAL GAMBLER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: SA11.2941948

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. DAVID ROBBINS

Mailing Address 791 PARK AVENUE #3B

City State Zip Code
NEW YORK NY 10021

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	8

Transaction ID: SA11.2942011

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM F. ROTHMAN

Mailing Address 553 BRIDGEVIEW DR

City State Zip Code
LEMOYNE PA 17043-1380

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

Name of Employer R.S.R. Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	8

Transaction ID: SA11.2939124

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BARRY ROWARS

Mailing Address 4990 SW 52ND STREET
SUITE 201

City State Zip Code
DAVIE FL 33314-5520

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	8

Transaction ID: SA11.2942018

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 154

(check only one)

<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)
MS. ROSE C. RUSSO

Mailing Address 6330 SPRINGMEYER DRIVE

City State Zip Code
CINCINNATI OH 45248-2133

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11.2936449

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JAMES A. SANFILIPPO

Mailing Address 47 BLACKHAWK COURT

City State Zip Code
HOLMDEL NJ 07733-2523

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: SA11.2939362

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. JEAN SCHAER

Mailing Address 45 FULLIN ROAD

City State Zip Code
NORWALK CT 06851-3416

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 0 8

Transaction ID: SA11.2936782

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. WALTER EDWARD SCHEETZ

Mailing Address 218 CLAPBOARD RIDGE ROAD

City State Zip Code
GREENWICH CT 06831-3352

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

Name of Employer Occupation
THE SCHEETZ GROUP INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: SA11.2941994

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES H. SCOTT

Mailing Address 717 W. AUGUSTA ROAD

City State Zip Code
WEST AUGUSTA VA 24485-2021

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

Name of Employer Occupation
SELF-EMPLOYED C.E.O.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2008

Transaction ID: SA11.2936755

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. DONNA KNOX SEFTON

Mailing Address 2550 5TH AVENUE
SUITE 808

City State Zip Code
SAN DIEGO CA 92103-6612

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2008

Transaction ID: SA11.2942913

Amount of Each Receipt this Period
1300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 154
(check only one)

<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)
MR. THOMAS R. SEVILLE

Mailing Address 25 FERNRIDGE AVE

City State Zip Code
VALLEY PARK MO 63088-1612

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

Name of Employer Occupation
N.A.R.A. ARCHIVES TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5700.00

Date of Receipt
MM / DD / YYYY
12 / 08 / 2008

Transaction ID: SA11.2939127

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD G. SHARP

Mailing Address 2500 INDIGO LN

City State Zip Code
GLENVIEW IL 60026-7797

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2008

Transaction ID: SA11.2943161

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRUCE SHER

Mailing Address 3721 NE 28TH AVENUE

City State Zip Code
LIGHTHOUSE FL 33064-8411

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: SA11.2941985

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 154

(check only one)

<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. MAUREEN PATRICIA SISSINE

Mailing Address 2301 CHERYL DRIVE

City State Zip Code
JACKSONVILLE FL 32217-3564

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

Name of Employer Occupation
SISSINES OFFICE SYSTEMS VICE PRESIDENT OF OPERATIONS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11.2942037

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. MATTHEW L. SMITH

Mailing Address 111 ARGONNE DR

City State Zip Code
GREENVILLE SC 29605-1803

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

Name of Employer Occupation
SAINT FRANCIS HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: SA11.2943142

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. MILLIE J. STEVENSON

Mailing Address 96218 BLACKROCK HAMMOCK DRIVE

City State Zip Code
YULEE FL 32097-8613

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11.2942039

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 154

(check only one)

<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. ADA A. STRASENBURGH

Mailing Address PO BOX 608

City

OCEAN VIEW

State

NJ

Zip Code

08230-0608

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: SA11.2943154

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID M. STRICKLAND

Mailing Address 9020 MARSH VIEW COURT

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082-1928

FEC ID number of contributing federal political committee.

C

Name of Employer
EVERBANK

Occupation
BANKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11.2942036

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT SWANSON

Mailing Address 223 VIA ITHACA

City

NEWPORT BEACH

State

CA

Zip Code

92663-4907

FEC ID number of contributing federal political committee.

C

Name of Employer
NONE

Occupation
NONE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: SA11.2942283

Amount of Each Receipt this Period

-451.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional)

249.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 154
(check only one)

<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)
MR. FREDERICK SZLOSEK

Mailing Address 435 HOLYOKE STREET

City LUDLOW State MA Zip Code 01056-1934

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

Name of Employer SISTERS OF SAINT JOSEPH Occupation PLUMBER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 09 / 2008

Transaction ID: SA11.2939351

Amount of Each Receipt this Period 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CASEY D. TANGNEY

Mailing Address 2330 ELMWOOD AVENUE

City WILMETTE State IL Zip Code 60091-1327

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 12 / 12 / 2008

Transaction ID: SA11.2942002

Amount of Each Receipt this Period 2300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES C. THOMASON

Mailing Address 3916 ANN ARBOR COURT

City FORT WORTH State TX Zip Code 76109-1220

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 28 / 2008

Transaction ID: SA11.2937810

Amount of Each Receipt this Period -7500.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional) ► **-5100.00**

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

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

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

FOR LINE NUMBER: PAGE 49 / 154

(check only one)

<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)
MR. STAN W. THOMASON

Mailing Address P.O. BOX 693

City State Zip Code
HINTON OK 73047-0693

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

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11.2942291

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CLAYTON THOMPSON

Mailing Address 448 S. 1ST STREET

City State Zip Code
HEWITT TX 76643-3440

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

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: SA11.2938395

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. NICHOLAS B. THOMPSON

Mailing Address 8007 CEDAR CREEK ROAD

City State Zip Code
LOUISVILLE KY 40291-3246

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

Name of Employer
LOUISVILLE GAS ELECTRIC

Occupation
PIPELINE INSPECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11.2938937

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

350.00

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

**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 50 / 154
	<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) MS. SUSANNE G. TOWNSEND	Date of Receipt MM / DD / YYYY 12 / 28 / 2008
	Mailing Address 165 E. 66TH STREET 5A	Transaction ID: SA11.2949572
	City State Zip Code NEW YORK NY 10065	Amount of Each Receipt this Period -500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer WRITER	Occupation SELF-EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	CHARGED BACK

B.	Full Name (Last, First, Middle Initial) SAYEDA TZE	Date of Receipt MM / DD / YYYY 12 / 10 / 2008
	Mailing Address 18 FOXHILL LANE BOX 15	Transaction ID: SA11.2939778
	City State Zip Code WILMINGTON DE 19807-2412	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) MR. ROBERT A. WACHTER	Date of Receipt MM / DD / YYYY 12 / 09 / 2008
	Mailing Address 1515 MARKET STREET SUITE 504	Transaction ID: SA11.2939359
	City State Zip Code PHILADELPHIA PA 19102-1921	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 51 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS. FRANCES WALKER-RIZZA

Mailing Address 1830 AVENIDA DEL MUNDO

City State Zip Code
CORONADO CA 92118-3003

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: SA11.2943146

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER R. WALL

Mailing Address 5026 TILDEN ST, NW

City State Zip Code
WASHINGTON DC 20016-2334

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

Name of Employer Occupation
PILLSBURY WINTHROP, L.L.P. ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11.2939120

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KEVIN WALLACE

Mailing Address P.O. BOX 23218

City State Zip Code
MACON GA 31212-3218

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

Name of Employer Occupation
J.B. HUNT TRANSPORT TRUCK DRIVER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11.2943243

Amount of Each Receipt this Period
26.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1826.00**

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

**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 52 / 154
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. DONNA C. WARD

Mailing Address 3110 SANTA MONICA DRIVE

City DENTON State TX Zip Code 76205-8522

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 15 / 2008
Transaction ID: SA11.2942303
Amount of Each Receipt this Period 2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MELISSA G. WEBB

Mailing Address 723 RICHARD ROAD

City MURFREESBORO State TN Zip Code 37129-1164

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

Name of Employer SELF-EMPLOYED
Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 30 / 2008
Transaction ID: SA11.2937690
Amount of Each Receipt this Period 400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD WERLING

Mailing Address 6308 BEACHWAY DRIVE

City FALLS CHURCH State VA Zip Code 22044-1509

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

Name of Employer RETIRED
Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 05 / 2008
Transaction ID: SA11.2938939
Amount of Each Receipt this Period 100.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 154

(check only one)

<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. JACQUELINE K. WILSON

Mailing Address 19950 HUEBNER ROAD
APARTMENT 1601

City State Zip Code
SAN ANTONIO TX 78258-3299

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 213.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11.2938927

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. MARY K. WINTERS

Mailing Address 1575 NORTHROP STREET

City State Zip Code
ST PAUL MN 55108-1321

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

Name of Employer Occupation
MENTOR FOUNDATION INFORMATION SPECIALIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: SA11.2939323

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DONALD B. WORDEN

Mailing Address 612 W. SUNSET DRIVE

City State Zip Code
BURBANK WA 99323-9686

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

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: SA11.2939859

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2625.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 154
(check only one)

<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)
MR. TIM WUSZ

Mailing Address 690 S PERALTA HILLS DR

City State Zip Code
ANAHEIM CA 92807-3620

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11.2939130

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. GLENNA J. YOUNGLEIN

Mailing Address 303 E. SOUTH STREET

City State Zip Code
PERRYVILLE MO 63775-2759

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 8

Transaction ID: SA11.2937685

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. KEN WADSWORTH

Mailing Address 14406 GLEAMING ROSE DRIVE

City State Zip Code
CYPRESS TX 77429-4225

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

Name of Employer Occupation
BCCJC LLC INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11.2938662

Amount of Each Receipt this Period

250.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

**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 55 / 154
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) BCCJC, LLC	Date of Receipt MM / DD / YYYY 10 / 22 / 2008
	Mailing Address 14406 GLEAMING ROSE DRIVE	Transaction ID: SA11.2705867
	City State Zip Code CYPRESS TX 77429-4225	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00 [MEMO ITEM] SEE ATTRIBUTION BELOW

B.	Full Name (Last, First, Middle Initial) MR. ROBERT BEYE	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 14595 BEL RED ROAD STE 201	Transaction ID: SA11.2943150
	City State Zip Code BELLEVUE WA 98007-3928	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00 [MEMO ITEM] PARTNERSHIP ATTRIBUTION

C.	Full Name (Last, First, Middle Initial) MR. WILLIAM E. BEYE	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 14595 BEL RED ROAD SUITE 201	Transaction ID: SA11.2943149
	City State Zip Code BELLEVUE WA 98007-3928	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation BEYE REALTY CORP PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00 [MEMO ITEM] PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 154

(check only one)

<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)
BEYE BROTHERS LLC

Mailing Address 14595 BED RED ROAD
SUITE 201

City State Zip Code
BELLEVUE WA 98007-3928

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11.2887326

Amount of Each Receipt this Period

300.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT MICHAEL BOLING

Mailing Address PO BOX 2021

City State Zip Code
ROSWELL NM 88202-2021

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

Name of Employer Occupation
SELF-EMPLOYED PETROLEUM GEOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
644.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11.2938665

Amount of Each Receipt this Period

460.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. JACKIE JONES

Mailing Address PO BOX 772

City State Zip Code
ARTESIA NM 88211-0772

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

Name of Employer Occupation
ARTESIA IN DEP SCHOOL DISTRICT SPEECH PATHOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
644.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11.2938666

Amount of Each Receipt this Period

460.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: PAGE 57 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS. JANET RICHARDSON
Mailing Address 1108 YATES ST.
City ARTESIA State NM Zip Code 88210-2749
FEC ID number of contributing federal political committee. **C**
Name of Employer YATES PETROLEUM Occupation PETROLEUM LANDMAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00
Date of Receipt 12 / 04 / 2008
Transaction ID: SA11.2938667
Amount of Each Receipt this Period 460.00
CONTRIBUTION
[MEMO ITEM] PARTNERSHIP ATTRIBUTION

B. Full Name (Last, First, Middle Initial)
BOLING ENTERPRISES LLC
Mailing Address P.O. BOX 2563
City ROSWELL State NM Zip Code 88202-2563
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00
Date of Receipt 11 / 06 / 2008
Transaction ID: SA11.2893828
Amount of Each Receipt this Period 2300.00
CONTRIBUTION
[MEMO ITEM] SEE ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM H. RANDOLPH
Mailing Address 360 PINEWOOD CIRCLE
City ATHENS State GA Zip Code 30606-3813
FEC ID number of contributing federal political committee. **C**
Name of Employer CNR HOLDINGS LLC Occupation MANAGER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 12 / 18 / 2008
Transaction ID: SA11.2944149
Amount of Each Receipt this Period 500.00
CONTRIBUTION
[MEMO ITEM] PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 154

(check only one)

<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)
CNR HOLDINGS LLC
Mailing Address P.O. BOX 48075

City State Zip Code
ATHENS GA 30604-8075

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2008

Transaction ID: SA11.2930381

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

B.

Full Name (Last, First, Middle Initial)
MR. CLAUDE BETHEA
Mailing Address 71683 RIVERSIDE DR.

City State Zip Code
COVINGTON LA 70433-9016

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

Name of Employer Occupation
EXPLORE INVESTMENTS LLC PARTNERSHIP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.67

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: SA11.2938712

Amount of Each Receipt this Period

416.67

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES BETHEA
Mailing Address 71683 RIVERSIDE DR.

City State Zip Code
COVINGTON LA 70433-9016

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

Name of Employer Occupation
EXPLORE INVESTMENTS LLC PARTNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.70

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: SA11.2938715

Amount of Each Receipt this Period

416.70

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS. LORI BETHEA-DALTON

Mailing Address 71683 RIVERSIDE DR.

City State Zip Code
COVINGTON LA 70433-9016

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

Name of Employer Occupation
EXPLORE INVESTMENTS LLC PARTNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: SA11.2938714

Amount of Each Receipt this Period
416.70

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL BETHEA

Mailing Address 71683 RIVERSIDE DR.

City State Zip Code
COVINGTON LA 70433-9016

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

Name of Employer Occupation
EXPLORE INVESTMENTS LLC PARTNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: SA11.2938713

Amount of Each Receipt this Period
416.70

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM C. BETHEA, SR.

Mailing Address 71683 RIVERSIDE DR.

City State Zip Code
COVINGTON LA 70433-9016

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

Name of Employer Occupation
EXPLORE INVESTMENTS ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: SA11.2938709

Amount of Each Receipt this Period
416.70

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 154

(check only one)

<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)
MR. WILLIAM C. BETHEA, JR.

Mailing Address 71683 RIVERSIDE DR.

City State Zip Code
COVINGTON LA 70433-9016

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

Name of Employer Occupation
EXPLORE INVESTMENTS LLC PARTNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.67

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11.2938711

Amount of Each Receipt this Period

416.67

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

B.

Full Name (Last, First, Middle Initial)
EXPLORE INVESTMENTS LLC

Mailing Address 414 N CAUSEWAY BLVD # A

City State Zip Code
MANDEVILLE LA 70448-4636

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11.2533218

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

C.

Full Name (Last, First, Middle Initial)
DR. MARK HALTERMAN

Mailing Address 10003 S. JAMESFOWN AVE.

City State Zip Code
TULSA OK 74137-5216

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: SA11.2938513

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 154
(check only one)

<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)
HALTERMAN ENTERPRISES

Mailing Address 10003 S. JAMESTOWN AVE.

City State Zip Code
TULSA OK 74137-5216

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11.2533223

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

B.

Full Name (Last, First, Middle Initial)
MR. HARRY L. WIRICK, JR.

Mailing Address 320 SOUTH BOSTON AVENUE

City State Zip Code
TULSA OK 74103-3718

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

Name of Employer Occupation
SELF-EMPLOYED OIL AND GAS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 26 / 2008

Transaction ID: SA11.2936390

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

C.

Full Name (Last, First, Middle Initial)
HARRY L. WIRICK, JR. A LIMITED PARTNERSHIP

Mailing Address 320 S. BOSTON AVENUE

City State Zip Code
TULSA OK 74103-3718

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2008

Transaction ID: SA11.2445528

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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

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

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

FOR LINE NUMBER: PAGE 62 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. LARRY R. SELLERS

Mailing Address 600 E. CHESTER ST.

City JACKSON State TN Zip Code 38301-7004

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

Name of Employer KUSTOM MACHINING Occupation MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11.2945531

Amount of Each Receipt this Period 500.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

B. Full Name (Last, First, Middle Initial)
KUSTOM MACHINING & MFG., L.L.C.

Mailing Address 600 E. CHESTER STREET

City JACKSON State TN Zip Code 38301-7004

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2008

Transaction ID: SA11.2544966

Amount of Each Receipt this Period 500.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
MR. LARRY D. LUTTRELL

Mailing Address 5 RILEY AVENUE

City MORGANTOWN State WV Zip Code 26505-3726

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

Name of Employer SELF-EMPLOYED Occupation ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 03 / 2008

Transaction ID: SA11.2938432

Amount of Each Receipt this Period 250.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 154

(check only one)

<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)
LUTTRELL ENGINEERING

Mailing Address **5 RILEY AVENUE**

City **MORGANTOWN** State **WV** Zip Code **26505-3726**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt **11 / 06 / 2008**

Transaction ID: SA11.2893815

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

**[MEMO ITEM]
SEE ATTRIBUTION BELOW**

B. Full Name (Last, First, Middle Initial)
MR. FRANK E. MAXWELL, JR.

Mailing Address **455 ROBINHOOD LANE**

City **DELHI** State **LA** Zip Code **71232-3504**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 04 / 2008**

Transaction ID: SA11.2938661

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

**[MEMO ITEM]
PARTNERSHIP ATTRIBUTION**

C. Full Name (Last, First, Middle Initial)
MAXWELL & TRIESCHMANN LLC

Mailing Address **455 ROBINHOOD LANE**

City **DELHI** State **LA** Zip Code **71232-3504**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt **11 / 06 / 2008**

Transaction ID: SA11.2893811

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

**[MEMO ITEM]
SEE ATTRIBUTION BELOW**

SUBTOTAL of Receipts This Page (optional) **0.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. YATES MCGRAW

Mailing Address 152 HOMOCHITTO ST.

City State Zip Code
NATCHEZ MS 39120-3959

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

Name of Employer SELF-EMPLOYED Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: SA11.2938518

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES R. MOORE

Mailing Address 1090 CINCLARE DR.

City State Zip Code
PORT ALLEN LA 70767-3235

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

Name of Employer SELF-EMPLOYED Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: SA11.2938515

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JACK M. RYAN, SR.

Mailing Address PO BOX 578

City State Zip Code
JONESVILLE LA 71343-0578

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

Name of Employer SELF-EMPLOYED Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: SA11.2938514

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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

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

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

FOR LINE NUMBER: PAGE 65 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. JAMES RYAN

Mailing Address 16610 DALLAS PARKWAY SUITE 2500

City State Zip Code
DALLAS TX 75248-2681

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

Name of Employer Occupation
SELF-EMPLOYED MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: SA11.2938517

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MISS-LOU OIL WELL SUPPLY L.L.C.

Mailing Address P.O. BOX 578

City State Zip Code
JONESVILLE LA 71343-0578

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11.2705868

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
MS. MARY L. BOLING

Mailing Address PO BOX 1514

City State Zip Code
ROSWELL NM 88202-1514

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

Name of Employer Occupation
SELF-EMPLOYED NONE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1748.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11.2938670

Amount of Each Receipt this Period
1748.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 154

(check only one)

<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)
MR. MARK BOLING

Mailing Address PO BOX 768

City State Zip Code
ARTESIA NM 88211-0768

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

Name of Employer Occupation
SELF-EMPLOYED LANDSCAPER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 184.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11.2938671

Amount of Each Receipt this Period

184.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT MICHAEL BOLING

Mailing Address PO BOX 2021

City State Zip Code
ROSWELL NM 88202-2021

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

Name of Employer Occupation
SELF-EMPLOYED PETROLEUM GEOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 644.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11.2938668

Amount of Each Receipt this Period

184.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. JACKIE JONES

Mailing Address PO BOX 772

City State Zip Code
ARTESIA NM 88211-0772

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

Name of Employer Occupation
ARTESIA IN DEP SCHOOL DISTRICT SPEECH PATHOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 644.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11.2938669

Amount of Each Receipt this Period

184.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ML BOLING DEVELOPMENT LLC

Mailing Address P.O. BOX 1514

City State Zip Code
ROSWELL NM 88202-1514

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11.2893829

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
MR. GEORGE HESTER

Mailing Address 713 S. PEAR ORCHARD RD. #302

City State Zip Code
RIDGELAND MS 39157-4838

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

Name of Employer Occupation
NAVITAS LTD. CEO/ CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: SA11.2938435

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

C. Full Name (Last, First, Middle Initial)
NAVITAS PARTNERSHIP

Mailing Address P.O. BOX 3258

City State Zip Code
RIDGELAND MS 39158-3258

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11.2731770

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

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

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

FOR LINE NUMBER: PAGE 68 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
P.L. & C., L.L.C.
 Mailing Address INFO REQUESTED
 City ANONYMOUS State XX Zip Code 99999
 Date of Receipt 12 / 12 / 2008
Transaction ID: SA11.2942005
 Amount of Each Receipt this Period 10000.00
 CONTRIBUTION
 Attribution to Partners Requested
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

B. Full Name (Last, First, Middle Initial)
MS. CHRISTY RAWLINGS
 Mailing Address 2115 E. 25TH STREET
 City TULSA State OK Zip Code 74114-2913
 Date of Receipt 12 / 17 / 2008
Transaction ID: SA11.2942927
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION
 [MEMO ITEM] PARTNERSHIP ATTRIBUTION
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
PRIME OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
MR. CHRIS RAWLINGS
 Mailing Address 2115 E. 25TH STREET
 City TULSA State OK Zip Code 74114-2913
 Date of Receipt 12 / 17 / 2008
Transaction ID: SA11.2942928
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION
 [MEMO ITEM] PARTNERSHIP ATTRIBUTION
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
PRIME OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 10000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 154
(check only one)

<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)
RAWLINGS INVESTMENTS LLC

Mailing Address 2115 E. 25TH STREET

City State Zip Code
TULSA OK 74114-2913

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11.2893801

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

B.

Full Name (Last, First, Middle Initial)
MR. PAUL D. REZNICEK

Mailing Address 1400 STATE ROUTE F

City State Zip Code
WAYNESVILLE MO 65583-2831

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

Name of Employer Occupation
REZNICEK DENTAL GROUP LLC DENTIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: SA11.2938603

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

C.

Full Name (Last, First, Middle Initial)
REZNICEK DENTAL GROUP L.L.C.

Mailing Address 1400 STATE ROUTE F.

City State Zip Code
WAYNESVILLE MO 65583-2831

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11.2705869

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 154

(check only one)

<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)
MS. KIERAN J. SHANAHAN

Mailing Address 128 E. HARGETT ST. SUITE 300

City State Zip Code
RALEIGH NC 27601-1460

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: SA11.2938443

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

B.

Full Name (Last, First, Middle Initial)
SHANAHAN LAW GROUP PLLC

Mailing Address 128 E. HARGETT STREET
SUITE 300

City State Zip Code
RALEIGH NC 27601-1460

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11.2572794

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

C.

Full Name (Last, First, Middle Initial)
DR. DAVID R. CHAVEZ

Mailing Address 4535 UPLAND DRIVE

City State Zip Code
BILLINGS MT 59106-1586

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11.2944148

Amount of Each Receipt this Period

250.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 71 / 154	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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) YELLOWSTONE UROLOGY		Date of Receipt
	Mailing Address 4535 UPKLAND DRIVE		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	BILLINGS	MT	59106-1586
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="250.00"/> CONTRIBUTION [MEMO ITEM] SEE ATTRIBUTION BELOW	
Aggregate Year-to-Date ▼		<input type="text" value="0.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="145411.00"/>

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

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

FOR LINE NUMBER: PAGE 72 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MCLEOD COUNTY REPUBLICAN PARTY OF MINNESOTA
 Mailing Address 1545 ADAMS STREET S.E.
 City State Zip Code
 HUTCHINSON MN 55350-7011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt M M / D D / Y Y Y Y Y
 1 2 / 0 9 / 2 0 0 8
Transaction ID: SA11.2939330
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
YARMOUTH REPUBLICAN TOWN COMMITTEE
 Mailing Address P.O. BOX 373
 City State Zip Code
 YARMOUTH ME 04096-0373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00
 Date of Receipt M M / D D / Y Y Y Y Y
 1 2 / 1 2 / 2 0 0 8
Transaction ID: SA11.2941987
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 400.00
TOTAL This Period (last page this line number only) ► 400.00

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

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

FOR LINE NUMBER: PAGE 73 / 154
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
JOAN E. WOOD FOR STATE REPRESENTATIVE COMMITTEE

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	8

Mailing Address 3778 E. 500 N.

Transaction ID: SA11.2941986

City State Zip Code
RIGBY ID 83442-5109

Amount of Each Receipt this Period

25.00

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

Name of Employer Occupation

CONTRIBUTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>25.00</td></tr></table>	25.00
25.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td>25.00</td></tr></table>	25.00
25.00			

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) MORGAN MACDONALD	Transaction ID: SB.13 Date of Disbursement 12 / 31 / 2008
	Mailing Address 1900 S. EADS ST., #901	Amount of Each Disbursement this Period 1845.00
	City ARLINGTON State VA Zip Code 22202	
	Purpose of Disbursement JFC FUNDRAISING CONSULTING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BECCA MCMULLEN	Transaction ID: SB.24 Date of Disbursement 12 / 01 / 2008
	Mailing Address 7609 SHOAL CREEK BLVD.	Amount of Each Disbursement this Period 11895.24
	City AUSTIN State TX Zip Code 78757	
	Purpose of Disbursement JFC FUNDRAISING CONSULTING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LLOYD TUGGLE	Transaction ID: SB.14 Date of Disbursement 12 / 15 / 2008
	Mailing Address 1601 COTTONTOWN RD.	Amount of Each Disbursement this Period 227.22
	City LYNCHBURG State VA Zip Code 24503	
	Purpose of Disbursement JFC MAILHOUSE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

13967.46

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 154

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) DERBY WATKINS	Transaction ID: SB.10 Date of Disbursement 12 / 11 / 2008
	Mailing Address 3232 WELLINGTON RD.	Amount of Each Disbursement this Period 195192.00
	City ALEXANDRIA State VA Zip Code 22302	
	Purpose of Disbursement JFC FUNDRAISING CONSULTING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS-MERCHANT	Transaction ID: SB.22 Date of Disbursement 12 / 05 / 2008
	Mailing Address PO BOX 53852	Amount of Each Disbursement this Period 26965.07
	City PHOENIX State AZ Zip Code 85072	
	Purpose of Disbursement MERCHANT FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BOX TALENT INC.	Transaction ID: SB.5 Date of Disbursement 12 / 11 / 2008
	Mailing Address 6305 WATERFORD BLVD, STE. 480	Amount of Each Disbursement this Period 650.00
	City OKLAHOMA CITY State OK Zip Code 73118	
	Purpose of Disbursement JFC EVENT ENTERTAINMENT Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	222807.07
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS</p> <p>Mailing Address 118 N. ST. ASAPH ST.</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement JFC WEB SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.19</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1257.54"/></p>
<p>B. Full Name (Last, First, Middle Initial) CD INC.</p> <p>Mailing Address PO BOX 1877</p> <p>City ALEXANDRIA State VA Zip Code 22313</p> <p>Purpose of Disbursement JFC WEB SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.18</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1005362.99"/></p>
<p>C. Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK</p> <p>Mailing Address 1445-A LAUGHLIN AVE.</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.1</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB.4 Date of Disbursement
	Mailing Address 7704 LEESBURG PIKE	<input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="2008"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement JFC DONOR LIST MAINTENANCE	<input type="text" value="162733.63"/>
	Candidate Name	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB.26 Date of Disbursement
	Mailing Address 118 N. ST. ASAPH ST.	<input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="2008"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement JFC CREDIT CARD PROCESSING	<input type="text" value="975.00"/>
	Candidate Name	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB.28 Date of Disbursement
	Mailing Address 118 N. ST. ASAPH ST.	<input type="text" value="12"/> <input type="text" value="02"/> / <input type="text" value="2008"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement JFC CREDIT CARD PROCESSING	<input type="text" value="98.75"/>
	Candidate Name	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="163807.38"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) HOLIDAY TOURS <hr/> Mailing Address 10367 RANDLEMAN RD. <hr/> City RANDLEMAN State NC Zip Code 27317 <hr/> Purpose of Disbursement JFC TRAVEL Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.17 Date of Disbursement 12 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 1198.00
B.	Full Name (Last, First, Middle Initial) ICS CORPORATION <hr/> Mailing Address 2225 RICHMOND ST. <hr/> City PHILADELPHIA State PA Zip Code 19125 <hr/> Purpose of Disbursement JFC DIRECT MAIL Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.3 Date of Disbursement 12 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 3226.28
C.	Full Name (Last, First, Middle Initial) INTERNATIONAL DATA MANAGEMENT <hr/> Mailing Address 490 WHITE POND DR. <hr/> City AKRON State OH Zip Code 44320 <hr/> Purpose of Disbursement JFC DIRECT MAIL Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.2 Date of Disbursement 12 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 56151.03

SUBTOTAL of Disbursements This Page (optional) ▶

60575.31

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) INTERNATIONAL DATA MANAGEMENT	Transaction ID: SB.27
	Mailing Address 490 WHITE POND DR.	Date of Disbursement 12 / 31 / 2008
	City AKRON State OH Zip Code 44320	Amount of Each Disbursement this Period 67857.45
	Purpose of Disbursement JFC LIST/DATA MANAGEMENT Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008	Transaction ID: SB.20
	Mailing Address PO BOX 16118	Date of Disbursement 12 / 12 / 2008
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period 6665.94
	Purpose of Disbursement JFC TELEPHONE/TRAVEL/POSTAGE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LOUD & CLEAR INC.	Transaction ID: SB.9
	Mailing Address 2001 DALTON AVE., STE. 201	Date of Disbursement 12 / 12 / 2008
	City CINCINNATI State OH Zip Code 45214	Amount of Each Disbursement this Period 64271.13
	Purpose of Disbursement JFC EVENT AUDIO Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	138794.52
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) MCBEE</p> <p>Mailing Address PO BOX 88042</p> <p>City CHICAGO State IL Zip Code 60680</p> <p>Purpose of Disbursement JFC OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.15</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.04"/></p>
<p>B. Full Name (Last, First, Middle Initial) NOVA</p> <p>Mailing Address 7300 CHAPMAN HWY.</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement MERCHANT FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.21</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21721.28"/></p>
<p>C. Full Name (Last, First, Middle Initial) PIEDMONT PORTABLES</p> <p>Mailing Address PO BOX 1957</p> <p>City BURLINGTON State NC Zip Code 27216</p> <p>Purpose of Disbursement JFC EVENT STAGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.7</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4056.50"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="25877.82"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
PUBLIC ISSUE ADVISERS, INC.

Mailing Address PO BOX 18695

City OKLAHOMA CITY State OK Zip Code 73154

Purpose of Disbursement
JFC EVENT PRODUCTION/STAGING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.8

Date of Disbursement

12 / 11 / 2008

Amount of Each Disbursement this Period

9506.04

B. Full Name (Last, First, Middle Initial)
REFLECTIONS PHOTOGRAPHY

Mailing Address 631 PENNSYLVANIA AVE., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
JFC EVENT PHOTOGRAPHY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.6

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

5655.00

C. Full Name (Last, First, Middle Initial)
VERIZON

Mailing Address PO BOX 1100

City ALBANY State NY Zip Code 12250

Purpose of Disbursement
JFC TELEPHONE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.16

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

299.99

SUBTOTAL of Disbursements This Page (optional) ▶

15461.03

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

1647926.12

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

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

FOR LINE NUMBER:
(check only one)

PAGE 82 / 154

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
MCCAIN PALIN COMPLIANCE FUND INC.

Transaction ID: SB.25

Date of Disbursement

Mailing Address PO BOX 16118

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	0	8

City ARLINGTON State VA Zip Code 22215

Amount of Each Disbursement this Period

189065.45

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
REPUBLICAN NATIONAL COMMITTEE

Transaction ID: SB.23

Date of Disbursement

Mailing Address 320 1ST ST., SE

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	8

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

476523.86

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

665589.31

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

665589.31

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) LARRY AGENBROAD	Transaction ID: SB28A.2947055
	Mailing Address PO 242	Date of Disbursement 12 / 31 / 2008
	City HOT SPRINGS State SD Zip Code 57747	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LARRY AGENBROAD	Transaction ID: SB28A.2947056
	Mailing Address PO 242	Date of Disbursement 12 / 31 / 2008
	City HOT SPRINGS State SD Zip Code 57747	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AL ALIAJ	Transaction ID: SB28A.2947007
	Mailing Address 1416W JONQUIL TER UNIT 3E	Date of Disbursement 12 / 31 / 2008
	City CHICAGO State IL Zip Code 60626-1212	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) AL ALIAJ Mailing Address 1416W JONQUIL TER UNIT 3E City CHICAGO State IL Zip Code 60626-1212 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947008 Date of Disbursement 12 / 31 / 2008 Amount of Each Disbursement this Period 25.00 Category/Type
B.	Full Name (Last, First, Middle Initial) AL ALIAJ Mailing Address 1416W JONQUIL TER UNIT 3E City CHICAGO State IL Zip Code 60626-1212 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947009 Date of Disbursement 12 / 31 / 2008 Amount of Each Disbursement this Period 25.00 Category/Type
C.	Full Name (Last, First, Middle Initial) JOHN ALLAN Mailing Address 529 E. KINGSTON AVE. City CHARLOTTE State NC Zip Code 28203-5117 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946899 Date of Disbursement 12 / 31 / 2008 Amount of Each Disbursement this Period 50.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	100.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

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

Transaction ID: SB28A.2947040
Date of Disbursement

Mailing Address 4357 31ST STREET SOUTH

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City State Zip Code
ST. CLOUD MN 56301-6246

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)
RICKY TRIONE ART

Transaction ID: SB28A.2946901
Date of Disbursement

Mailing Address 214 FELS AVE.

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City State Zip Code
FAIRHOPE AL 36532-1533

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

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

C.

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

Transaction ID: SB28A.2947043
Date of Disbursement

Mailing Address 445 W. 19TH STREET
APARTMENT 6B

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City State Zip Code
NEW YORK NY 10011-3840

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) JOAN BAKER	Transaction ID: SB28A.2947027 Date of Disbursement 12 / 31 / 2008
	Mailing Address 5524 WOODWAY DRIVE	Amount of Each Disbursement this Period 500.00
	City HOUSTON State TX Zip Code 77056-1209	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) KENNETH BAKER	Transaction ID: SB28A.2943118 Date of Disbursement 12 / 14 / 2008
	Mailing Address P.O. BOX 1137	Amount of Each Disbursement this Period 250.00
	City LA GRANGE State TX Zip Code 78945-1137	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) LINDA BAKER	Transaction ID: SB28A.2947002 Date of Disbursement 12 / 31 / 2008
	Mailing Address 1104 CREST LANE	Amount of Each Disbursement this Period 25.00
	City WESTERN SPRINGS State IL Zip Code 60558-2104	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

775.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) BARBARA BALL <hr/> Mailing Address 454 RIMER POND ROAD <hr/> City BLYTHEWOOD State SC Zip Code 29016-9504 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947059 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 50.00
B.	Full Name (Last, First, Middle Initial) BARBARA BALL <hr/> Mailing Address 454 RIMER POND ROAD <hr/> City BLYTHEWOOD State SC Zip Code 29016-9504 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947060 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 50.00
C.	Full Name (Last, First, Middle Initial) DOROTHY BAREFIELD <hr/> Mailing Address 6741 LINCOLN SP. 143 <hr/> City BUENA PARK State CA Zip Code 90620 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947066 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 25.00

SUBTOTAL of Disbursements This Page (optional) ▶	125.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) DOROTHY BAREFIELD <hr/> Mailing Address 6741 LINCOLN SP. 143 <hr/> City BUENA PARK State CA Zip Code 90620 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947067 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8	Amount of Each Disbursement this Period 25.00
B.	Full Name (Last, First, Middle Initial) DAVID E. BARENSFELD <hr/> Mailing Address P.O. BOX 889 <hr/> City ELLWOOD CITY State PA Zip Code 16117-0889 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946909 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8	Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) WENDY H. BARENSFELD <hr/> Mailing Address P.O. BOX 889 <hr/> City ELLWOOD CITY State PA Zip Code 16117-0889 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946910 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8	Amount of Each Disbursement this Period 2300.00

SUBTOTAL of Disbursements This Page (optional)	4625.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
SCOTT R. BARTELS

Transaction ID: SB28A.2943098
Date of Disbursement

Mailing Address 1795 E. HAWTHORNE DRIVE

/ /

City FREDONIA State WI Zip Code 53021-9316

Amount of Each Disbursement this Period

Purpose of Disbursement
CONTRIBUTION REFUND

Category/
Type

Candidate Name

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

State: District:

B.

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

Transaction ID: SB28A.2947061
Date of Disbursement

Mailing Address 1831 CURTIS STREET

/ /

City LOMA LINDA State CA Zip Code 92354-1790

Amount of Each Disbursement this Period

Purpose of Disbursement
CONTRIBUTION REFUND

Category/
Type

Candidate Name

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

State: District:

C.

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

Transaction ID: SB28A.2947051
Date of Disbursement

Mailing Address 400 CONSTITUTION AVE NE
LL

/ /

City WASHINGTON State DC Zip Code 20002-5924

Amount of Each Disbursement this Period

Purpose of Disbursement
CONTRIBUTION REFUND

Category/
Type

Candidate Name

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) MARKA BENNETT	Transaction ID: SB28A.2947010 Date of Disbursement 12 / 31 / 2008
	Mailing Address 6539 PIDGEON HALL	Amount of Each Disbursement this Period 50.00
	City MEMPHIS State TN Zip Code 38119-6636	
	Purpose of Disbursement CONTRIBUTION REFUND	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BERNICE BERRY	Transaction ID: SB28A.2943114 Date of Disbursement 12 / 14 / 2008
	Mailing Address 5634 OSCAR GILSTRAP ROAD	Amount of Each Disbursement this Period 100.00
	City CLERMONT State GA Zip Code 30527-1940	
	Purpose of Disbursement CONTRIBUTION REFUND	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MARIO E. BIAGINI	Transaction ID: SB28A.2947020 Date of Disbursement 12 / 31 / 2008
	Mailing Address 1985 GEORGIA CIRCLE S.	Amount of Each Disbursement this Period 150.00
	City CLEARWATER State FL Zip Code 33760-1728	
	Purpose of Disbursement CONTRIBUTION REFUND	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) RAFIC A. BIZRI	Transaction ID: SB28A.2943070 Date of Disbursement 12 / 14 / 2008
	Mailing Address 9700 LOGAN DRIVE	Amount of Each Disbursement this Period 50000.00
	City POTOMAC State MD Zip Code 20854-4640	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) ANTHONY BOGUS	Transaction ID: SB28A.2943082 Date of Disbursement 12 / 14 / 2008
	Mailing Address 3317 STANDISH LANE	Amount of Each Disbursement this Period 25.00
	City RACINE State WI Zip Code 53405-4721	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) DOUG BOUND	Transaction ID: SB28A.2947082 Date of Disbursement 12 / 31 / 2008
	Mailing Address 9693 CROWSLEY COURT	Amount of Each Disbursement this Period 25.00
	City PARKER State CO Zip Code 80134-3310	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

50050.00

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

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) BRENAE BRIX	Transaction ID: SB28A.2943084 Date of Disbursement 12 / 14 / 2008
	Mailing Address 18460 NE 196TH PLACE	Amount of Each Disbursement this Period 500.00
	City WOODINVILLE State WA Zip Code 98077-8284	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TODD T. BRIX	Transaction ID: SB28A.2943085 Date of Disbursement 12 / 14 / 2008
	Mailing Address 18460 NE 196TH PLACE	Amount of Each Disbursement this Period 500.00
	City WOODINVILLE State WA Zip Code 98077-8284	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DORIAN BROWN	Transaction ID: SB28A.2947030 Date of Disbursement 12 / 31 / 2008
	Mailing Address 26 CREEKWOOD SQUARE	Amount of Each Disbursement this Period 100.00
	City CINCINNATI State OH Zip Code 45246-3810	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) KENNETH F. BROWN	Transaction ID: SB28A.2943080 Date of Disbursement 12 / 14 / 2008
	Mailing Address 1014 ELM STREET	Amount of Each Disbursement this Period 100.00
	City SHELBYVILLE State IN Zip Code 46176-2517	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) PATRICK J. BROWN	Transaction ID: SB28A.2947011 Date of Disbursement 12 / 31 / 2008
	Mailing Address 1306 5TH ST. N.	Amount of Each Disbursement this Period 100.00
	City FARGO State ND Zip Code 58102-2717	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) PATRICK J. BROWN	Transaction ID: SB28A.2947012 Date of Disbursement 12 / 31 / 2008
	Mailing Address 1306 5TH ST. N.	Amount of Each Disbursement this Period 100.00
	City FARGO State ND Zip Code 58102-2717	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) DEBORAH BUSH <hr/> Mailing Address 6472 MACELAY RD SE <hr/> City SALEM State OR Zip Code 97317-9229 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947050 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ROBERT BYRNE <hr/> Mailing Address 2352 MAC INTOSH DRIVE <hr/> City MANASQUAN State NJ Zip Code 08736-4027 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946883 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DIANE CAHILL <hr/> Mailing Address 3435 HENRIETTA HARTFORD ROAD <hr/> City MOUNT PLEASANT State SC Zip Code 29466-6985 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947017 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 25.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) JERRY CAVE	Transaction ID: SB28A.2947100 Date of Disbursement 12 / 31 / 2008
	Mailing Address 8008 THORNLEY COURT	Amount of Each Disbursement this Period 500.00
	City BETHESDA State MD Zip Code 20817-4558	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) NANCY L. CHANDLER	Transaction ID: SB28A.2947078 Date of Disbursement 12 / 31 / 2008
	Mailing Address 3080 E. COUNTY DOWN DRIVE	Amount of Each Disbursement this Period 25.00
	City CHANDLER State AZ Zip Code 85249-9037	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) NANCY L. CHANDLER	Transaction ID: SB28A.2947081 Date of Disbursement 12 / 31 / 2008
	Mailing Address 3080 E. COUNTY DOWN DRIVE	Amount of Each Disbursement this Period 25.00
	City CHANDLER State AZ Zip Code 85249-9037	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) BRUCE CHRISTENSEN	Transaction ID: SB28A.2946900 Date of Disbursement 12 / 31 / 2008
	Mailing Address 5019 ALHAMBRA VALLEY RD.	Amount of Each Disbursement this Period 100.00
	City MARTINEZ State CA Zip Code 94553-9796	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GEORGE COLOVOS, SR.	Transaction ID: SB28A.2943086 Date of Disbursement 12 / 14 / 2008
	Mailing Address 9505 S. CEDAR HILL CIRCLE	Amount of Each Disbursement this Period 30.00
	City SUN CITY State AZ Zip Code 85351	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL COMPTON	Transaction ID: SB28A.2947045 Date of Disbursement 12 / 31 / 2008
	Mailing Address 2860 FM 3092	Amount of Each Disbursement this Period 75.00
	City GAINESVILLE State TX Zip Code 76240-7778	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	205.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) FRANK CONIGLIO Mailing Address 830 E. YOSEMITE #229 City MANTECA State CA Zip Code 95336-5828 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947015 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8	Amount of Each Disbursement this Period 35.00
B.	Full Name (Last, First, Middle Initial) FRANK CONIGLIO Mailing Address 830 E. YOSEMITE #229 City MANTECA State CA Zip Code 95336-5828 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947016 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8	Amount of Each Disbursement this Period 35.00
C.	Full Name (Last, First, Middle Initial) VALTA A. COOK Mailing Address 80 PAUAAHI ST STE 203 City HILO State HI Zip Code 96720-3044 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946880 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8	Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional)	370.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) CHRISTINE COOPER	Transaction ID: SB28A.2947021 Date of Disbursement 12 / 31 / 2008
	Mailing Address 6 W. MASON AVE.	Amount of Each Disbursement this Period 250.00
	City ALEXANDRIA State VA Zip Code 22301-1910	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) GERALD CORRIGAN	Transaction ID: SB28A.2947013 Date of Disbursement 12 / 31 / 2008
	Mailing Address 124-09 15 AVENUE	Amount of Each Disbursement this Period 25.00
	City QUEENS State NY Zip Code 11356	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) GERALD CORRIGAN	Transaction ID: SB28A.2947014 Date of Disbursement 12 / 31 / 2008
	Mailing Address 124-09 15 AVENUE	Amount of Each Disbursement this Period 25.00
	City QUEENS State NY Zip Code 11356	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) BENJAMIN CUBBAGE	Transaction ID: SB28A.2947075 Date of Disbursement 12 / 31 / 2008
	Mailing Address 1533 GLEN EDEN LAN	Amount of Each Disbursement this Period 50.00
	City EVANSVILLE State IN Zip Code 47715	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) PAUL CZEKAJ	Transaction ID: SB28A.2943088 Date of Disbursement 12 / 14 / 2008
	Mailing Address 13 ALLYSON ROAD	Amount of Each Disbursement this Period 100.00
	City FLANDERS State NJ Zip Code 07836-9322	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JAMES DAFFRON	Transaction ID: SB28A.2947092 Date of Disbursement 12 / 31 / 2008
	Mailing Address 16001 ROLAND PARK PL	Amount of Each Disbursement this Period 500.00
	City GAINESVILLE State VA Zip Code 20155-1962	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

650.00

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

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
CHARLES E. DAOUT

Transaction ID: SB28A.2946996
Date of Disbursement

Mailing Address 513 DELTA COURT

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City State Zip Code
CHEASAPEAKE VA 23325-4411

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

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

B.

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

Transaction ID: SB28A.2947000
Date of Disbursement

Mailing Address 9506 EAST CHRISTI

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City State Zip Code
HELOTES TX 78023-4164

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

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

C.

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

Transaction ID: SB28A.2947003
Date of Disbursement

Mailing Address 9720 HIGHRIDGE DR.

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City State Zip Code
LAS VEGAS NV 89134-6723

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 103 / 154

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) VICKIE DILLOW Mailing Address 7881 FAITH LN. City WAXAHACHIE State TX Zip Code 75167-7299 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946990 Date of Disbursement 12 / 31 / 2008
	Amount of Each Disbursement this Period 50.00
B. Full Name (Last, First, Middle Initial) DENNIE O. DISHNER Mailing Address 1060 ROTHERWOOD DR. City KINGSPORT State TN Zip Code 37660-7256 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947089 Date of Disbursement 12 / 31 / 2008
	Amount of Each Disbursement this Period 100.00
C. Full Name (Last, First, Middle Initial) WILLIAM T. DOUGHERTY Mailing Address 1615 AUBURN COURT City WESTMINSTER State MD Zip Code 21157-3462 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2943087 Date of Disbursement 12 / 14 / 2008
	Amount of Each Disbursement this Period 50.00

SUBTOTAL of Disbursements This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) JERRY DOUGLAS	Transaction ID: SB28A.2946884 Date of Disbursement 12 / 31 / 2008	
	Mailing Address 3742 E. 20TH ST.		
	City JOPLIN State MO Zip Code 64801-5847	Amount of Each Disbursement this Period	100.00
	Purpose of Disbursement CONTRIBUTION REFUND		
	Candidate Name	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:		
B.	Full Name (Last, First, Middle Initial) PATRICIA DUNN	Transaction ID: SB28A.2943083 Date of Disbursement 12 / 14 / 2008	
	Mailing Address 24 GEORGE STREET		
	City SOMERS POINT State NJ Zip Code 08244-2316	Amount of Each Disbursement this Period	100.00
	Purpose of Disbursement CONTRIBUTION REFUND		
	Candidate Name	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:		
C.	Full Name (Last, First, Middle Initial) STEVE ELIAS	Transaction ID: SB28A.2947026 Date of Disbursement 12 / 31 / 2008	
	Mailing Address 2801 ROSEDALE DRIVE		
	City MONROE State LA Zip Code 71201-3080	Amount of Each Disbursement this Period	100.00
	Purpose of Disbursement CONTRIBUTION REFUND		
	Candidate Name	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:		

SUBTOTAL of Disbursements This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) BERNHARD ELLINGSON <hr/> Mailing Address 11374 113TH STREET E. <hr/> City NORTHFIELD State MN Zip Code 55057-4915 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947083 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BERNHARD ELLINGSON <hr/> Mailing Address 11374 113TH STREET E. <hr/> City NORTHFIELD State MN Zip Code 55057-4915 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947084 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DOREE EVANOFF <hr/> Mailing Address 28929 PEBBLE BEACH DRIVE <hr/> City SUN CITY State CA Zip Code 92586-2817 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947037 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 75.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	275.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) STEPHEN EVERETT</p> <p>Mailing Address 15 ASPEN CT</p> <p>City EL SOBRANTE State CA Zip Code 94803-1600</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.2947063</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 75.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MARINO FARANO</p> <p>Mailing Address 9 DOBIE COURT</p> <p>City WOODBRIDGE State FL Zip Code 33308</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.2947072</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MARINO FARANO</p> <p>Mailing Address 9 DOBIE COURT</p> <p>City WOODBRIDGE State FL Zip Code 33308</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.2947073</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>175.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) FLORA FERGUSON <hr/> Mailing Address P.O. BOX 3119 <hr/> City PISMO BEACH State CA Zip Code 93448-3119 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947091 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 300.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SHERYL FOGLEMAN <hr/> Mailing Address P.O. BOX 86084 <hr/> City BATON ROUGE State LA Zip Code 70879-6084 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946881 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DAVIS L. FORD <hr/> Mailing Address 704 LAUREL VALLEY RD <hr/> City AUSTIN State TX Zip Code 78746-3510 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946892 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1400.00

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

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) JENNIFER L. FOURNIER Mailing Address 11 SPRING HOLLOW ROAD City FAR HILLS State NJ Zip Code 07931-2402 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946906 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 22000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JENNIFER L. FOURNIER Mailing Address 11 SPRING HOLLOW ROAD City FAR HILLS State NJ Zip Code 07931-2402 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946907 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 10700.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NICKIE FRANGOS Mailing Address 1900 DECATUR AVENUE City BELLMORE State NY Zip Code 11710-1510 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947019 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	32800.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) CHARLIE FRASHER <hr/> Mailing Address 1036 MEADOWBROOK LANE <hr/> City LOUISA State KY Zip Code 41230-9657 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946999 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JANE FREEMAN <hr/> Mailing Address 6013 WOODLANDS BLUFF <hr/> City MORGANTOWN State WV Zip Code 26508-9403 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947044 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 75.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) KEVIN P. FUCICH <hr/> Mailing Address 620 TCHOUPITOULAS STREET <hr/> City NEW ORLEANS State LA Zip Code 70130-3212 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2943078 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	275.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) MARTHA GALBRAITH <hr/> Mailing Address 207 BROAD OAKS CIRCLE <hr/> City HOUSTON State TX Zip Code 77056-1212 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947047 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) MITCHELL GALLAGHER <hr/> Mailing Address 3232 W. MURLETTE AVENUE <hr/> City PHOENIX State AZ Zip Code 85017-1533 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2943079 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 50.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) KATHLEEN GARGANO <hr/> Mailing Address 55 RIVERSIDE DRIVE <hr/> City BRANFORD State CT Zip Code 06405-3950 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947097 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2450.00

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

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) ALBERT GIORDANO <hr/> Mailing Address 7 GEORGE STREET <hr/> City AVENEL State NJ Zip Code 07001-1714 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947005 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RHONDA GOETZ <hr/> Mailing Address 150 LOPEZ WAY <hr/> City HEMET State CA Zip Code 92545-8878 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947032 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GARY GRANOFF <hr/> Mailing Address 2 FIR DRIVE <hr/> City GREAT NECK State NY Zip Code 11024-1529 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946997 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) MARTHA KAY GRAY <hr/> Mailing Address 4900 GLACIER HWY <hr/> City JUNEAU State AK Zip Code 99801-7212 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947096 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 400.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MLADEN GRBAVAC <hr/> Mailing Address 1235 RAMONA RD. <hr/> City ARCADIA State CA Zip Code 91006-2351 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2943091 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) YOSEPH HAILE <hr/> Mailing Address 8206 STREAMSIDE PL APT 202 <hr/> City GAITHERSBURG State MD Zip Code 20879-5249 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946995 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) JAMES T. HAIR	Transaction ID: SB28A.2943081 Date of Disbursement 12 / 14 / 2008
	Mailing Address 1708 JAYNE LANE	Amount of Each Disbursement this Period 10.00
	City COLUMBIA State SC Zip Code 29210-7731	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DONALD R. HARKNESS	Transaction ID: SB28A.2947058 Date of Disbursement 12 / 31 / 2008
	Mailing Address 110 STANDISH COURT	Amount of Each Disbursement this Period 100.00
	City MADISON State WI Zip Code 53705-5131	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN HEINZ	Transaction ID: SB28A.2943116 Date of Disbursement 12 / 14 / 2008
	Mailing Address 3340 LIMBERI LANE	Amount of Each Disbursement this Period 50.00
	City SAINT CHARLES State IL Zip Code 60175	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) RICHARD HERBERT	Transaction ID: SB28A.2947093 Date of Disbursement
	Mailing Address 100 LANDS END	<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City ANDERSON State SC Zip Code 29326	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="25.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) RICHARD HERBERT	Transaction ID: SB28A.2947094 Date of Disbursement
	Mailing Address 100 LANDS END	<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City ANDERSON State SC Zip Code 29326	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="25.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) DEBRA HERR	Transaction ID: SB28A.2947064 Date of Disbursement
	Mailing Address 2762 W. SAHUARO 24-202	<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City PHOENIX State AZ Zip Code 85029-5804	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="25.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) DEBRA HERR</p> <p>Mailing Address 2762 W. SAHUARO 24-202</p> <p>City PHOENIX State AZ Zip Code 85029-5804</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.2947065</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p>B. Full Name (Last, First, Middle Initial) PATRICIA K. HOBART</p> <p>Mailing Address 1814 GREENHILL DRIVE</p> <p>City ROWLETT State TX Zip Code 75088-1559</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.2943092</p> <p>Date of Disbursement 12 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p>C. Full Name (Last, First, Middle Initial) MARK HOFFMANN</p> <p>Mailing Address 3802 CRYSTAL DRIVE</p> <p>City WAUSAU State WI Zip Code 54401-3981</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.2946886</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p>

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

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) MARK HOFFMANN <hr/> Mailing Address 3802 CRYSTAL DRIVE <hr/> City WAUSAU State WI Zip Code 54401-3981 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946887 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PATRICIA HOLT <hr/> Mailing Address 45409 ADDINGTON LANE <hr/> City NOVI State MI Zip Code 48374-3764 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946994 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WILLIAM HOVIS <hr/> Mailing Address 501 19TH STREET TRUSTEES TOWER SUITE 702 <hr/> City KNOXVILLE State TN Zip Code 37916-1854 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946992 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1300.00

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

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) ROBERT J. HUGIN <hr/> Mailing Address 19 ESSEX ROAD <hr/> City SUMMIT State NJ Zip Code 07901-2801 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946870 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JAMES H. HUTCHISON <hr/> Mailing Address P.O. BOX 1348 <hr/> City EDMOND State OK Zip Code 73083-1348 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946885 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) VALERIE IACOVANGELO <hr/> Mailing Address 1717 DORWALDT BLVD. <hr/> City NISKAYUNA State NY Zip Code 12309-5113 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946991 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 25.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5775.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) DAVID A. INGRASSIA <hr/> Mailing Address 19 LAURA AVE. <hr/> City NUTLEY State NJ Zip Code 07110-1016 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2943068 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 200.00
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MOE JALALI <hr/> Mailing Address 846 WINDSOR HILLS CIRCLE <hr/> City SAN JOSE State CA Zip Code 95123-2482 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947029 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 50.00
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SAMUEL JOHNSON <hr/> Mailing Address 1192 E DRAPER PKWY #431 <hr/> City DRAPER State UT Zip Code 84020-9356 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946986 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) LINDA JONES <hr/> Mailing Address 6955 PAYNE AVENUE <hr/> City DEARBORN State MI Zip Code 48126-1796 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2944472 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 25.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MARCELINA JONES <hr/> Mailing Address P.O. BOX 27254 <hr/> City OVERLAND PARK State KS Zip Code 66225-7254 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947049 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RICHARD JONES <hr/> Mailing Address 608 INDUSTRIAL PARK DR. <hr/> City GREENVILLE State MI Zip Code 48838-9792 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2943113 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

525.00

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

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) JAMES JORDAN	Transaction ID: SB28A.2947022 Date of Disbursement 12 / 31 / 2008
	Mailing Address 2649 FIREWOOD DRIVE, NORTH	Amount of Each Disbursement this Period 500.00
	City FAYETTEVILLE State AR Zip Code 72703-4789	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) ATTILA JUHASZ	Transaction ID: SB28A.2943100 Date of Disbursement 12 / 14 / 2008
	Mailing Address 7034 W. CERMAK ROAD	Amount of Each Disbursement this Period 300.00
	City BERWYN State IL Zip Code 60402-2149	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JOAN KIRCHNER	Transaction ID: SB28A.2946908 Date of Disbursement 12 / 14 / 2008
	Mailing Address 18 CANADA GOOSE DRIVE	Amount of Each Disbursement this Period 10.00
	City HACKETTSTOWN State NJ Zip Code 07840-3105	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

810.00

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

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) BENNY KNUDSEN <hr/> Mailing Address 3871 E. SAN PEDRO AVE <hr/> City GILBERT State AZ Zip Code 85234-3011 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947088 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 25.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) LES B. LAUDERBACK <hr/> Mailing Address 127 E. 1ST ST. STE. 2E <hr/> City PORT ANGELES State WA Zip Code 98362-2928 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2943067 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 25.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DEBRA LYNN LEEWAYE <hr/> Mailing Address 7379 S. GORE RANGE ROAD APARTMENT 108 <hr/> City LITTLETON State CO Zip Code 80127-3255 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2943095 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 50.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) MARCELLE LYNCH	Transaction ID: SB28A.2943071 Date of Disbursement 12 / 14 / 2008
	Mailing Address 20 LAKE ROAD	Amount of Each Disbursement this Period 500.00
	City UPPER SADDLE RIVER State NJ Zip Code 07458-1606	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) KENNETH W. LYONS	Transaction ID: SB28A.2947053 Date of Disbursement 12 / 31 / 2008
	Mailing Address 441 MURCOTT AVE	Amount of Each Disbursement this Period 25.00
	City FROSTPROOF State FL Zip Code 33843-8116	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) KENNETH W. LYONS	Transaction ID: SB28A.2947054 Date of Disbursement 12 / 31 / 2008
	Mailing Address 441 MURCOTT AVE	Amount of Each Disbursement this Period 25.00
	City FROSTPROOF State FL Zip Code 33843-8116	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

550.00

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

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) JOHN MARLEY	Transaction ID: SB28A.2947101 Date of Disbursement 12 / 31 / 2008
	Mailing Address 6354 WINFEILD BLVD	Amount of Each Disbursement this Period 100.00
	City MARGATE State FL Zip Code 33063-1740	
	Purpose of Disbursement CONTRIBUTION REFUND	
	Candidate Name	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:	

B.	Full Name (Last, First, Middle Initial) JOHN MARTIN	Transaction ID: SB28A.2946989 Date of Disbursement 12 / 31 / 2008
	Mailing Address 5200 SOUTH ULSTER STREET #1616	Amount of Each Disbursement this Period 2500.00
	City GREENWOOD VILLAGE State CO Zip Code 80111-2866	
	Purpose of Disbursement CONTRIBUTION REFUND	
	Candidate Name	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:	

C.	Full Name (Last, First, Middle Initial) MARTHA S. MARTIN	Transaction ID: SB28A.2943107 Date of Disbursement 12 / 14 / 2008
	Mailing Address P.O. BOX 126	Amount of Each Disbursement this Period 250.00
	City BRASELTON State GA Zip Code 30517-0003	
	Purpose of Disbursement CONTRIBUTION REFUND	
	Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional)	2850.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) RICHARD MARTIN <hr/> Mailing Address P.O. BOX 2563 <hr/> City PAWTUCKET State RI Zip Code 02861-0713 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947104 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ROBERT A. MARTINO <hr/> Mailing Address 1311 CRAWFORDS CLIMB <hr/> City Nellysford State VA Zip Code 22958-8080 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947105 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MARK MCDIVITT <hr/> Mailing Address 2 GRAY OAKS LANE <hr/> City GREENWICH State CT Zip Code 06830-3420 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947023 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) MACKEY J. MCDONALD	Transaction ID: SB28A.2946890 Date of Disbursement 12 / 31 / 2008
	Mailing Address 105 CORPORATE CENTER BLVD. City GREENSBORO State NC Zip Code 27408-3194 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00 Category/Type

B.	Full Name (Last, First, Middle Initial) RICHARD B. MCMANUS	Transaction ID: SB28A.2946873 Date of Disbursement 12 / 31 / 2008
	Mailing Address 6132 LEELAND STREET S. City SAINT PETERSBURG State FL Zip Code 33715-1640 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 25.00 Category/Type

C.	Full Name (Last, First, Middle Initial) RICHARD B. MCMANUS	Transaction ID: SB28A.2946874 Date of Disbursement 12 / 31 / 2008
	Mailing Address 6132 LEELAND STREET S. City SAINT PETERSBURG State FL Zip Code 33715-1640 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 25.00 Category/Type

SUBTOTAL of Disbursements This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) RICHARD B. MCMANUS	Transaction ID: SB28A.2946875 Date of Disbursement																			
	Mailing Address 6132 LEELAND STREET S.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	8												
	City SAINT PETERSBURG State FL Zip Code 33715-1640	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"><tr><td>25.00</td></tr></table>	25.00																		
25.00																					
	Candidate Name	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:																				

B.	Full Name (Last, First, Middle Initial) SY ELTON MENDENHALL	Transaction ID: SB28A.2936744 Date of Disbursement																			
	Mailing Address 1670 BLACKLAND ROAD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	8												
	City OIL TROUGH State AR Zip Code 72564-9748	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"><tr><td>400.00</td></tr></table>	400.00																		
400.00																					
	Candidate Name	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:																				

C.	Full Name (Last, First, Middle Initial) ROBERT M. MISKIEWICZ	Transaction ID: SB28A.2947085 Date of Disbursement																			
	Mailing Address 711 PALMER AVENUE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	8												
	City HOLMDEL State NJ Zip Code 07733-1015	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"><tr><td>200.00</td></tr></table>	200.00																		
200.00																					
	Candidate Name	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:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>625.00</td></tr></table>	625.00
625.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) ARTURO MOR Mailing Address 1858 NW 82ND AVE City MIAMI State FL Zip Code 33126-1014 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947070 Date of Disbursement 12 / 31 / 2008 Amount of Each Disbursement this Period 50.00
B.	Full Name (Last, First, Middle Initial) ARTURO MOR Mailing Address 1858 NW 82ND AVE City MIAMI State FL Zip Code 33126-1014 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947071 Date of Disbursement 12 / 31 / 2008 Amount of Each Disbursement this Period 50.00
C.	Full Name (Last, First, Middle Initial) JOHN L. MORIARITY Mailing Address 5850 CANOGA AVENUE City WOODLAND HILLS State CA Zip Code 91367-6505 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2943075 Date of Disbursement 12 / 14 / 2008 Amount of Each Disbursement this Period 200.00

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) AL NEESE	Transaction ID: SB28A.2947062 Date of Disbursement 12 / 31 / 2008
	Mailing Address 213 SUGAR MAPLE DRIVE	Amount of Each Disbursement this Period 200.00
	City DINGMANS FERRY State PA Zip Code 18328-9676	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JEANNE L. NEWSTROM	Transaction ID: SB28A.2943072 Date of Disbursement 12 / 14 / 2008
	Mailing Address 1204 N.W. 4TH AVENUE	Amount of Each Disbursement this Period 500.00
	City GRAND RAPIDS State MN Zip Code 55744-2439	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JEANNE L. NEWSTROM	Transaction ID: SB28A.2943073 Date of Disbursement 12 / 14 / 2008
	Mailing Address 1204 N.W. 4TH AVENUE	Amount of Each Disbursement this Period 1000.00
	City GRAND RAPIDS State MN Zip Code 55744-2439	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1700.00

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

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) JAMES E. NIEMAN	Transaction ID: SB28A.2947102
	Mailing Address 5620 N.W. 60TH ST.	Date of Disbursement 12 / 31 / 2008
	City OKLAHOMA CITY State OK Zip Code 73122-7333	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) LLOYD NORDBERG	Transaction ID: SB28A.2947080
	Mailing Address 1820 MAPLE GROVE LANE	Date of Disbursement 12 / 31 / 2008
	City LINCOLN State CA Zip Code 95648-8670	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) GLYN A. NORDSTROM	Transaction ID: SB28A.2943105
	Mailing Address P.O. BOX 676	Date of Disbursement 12 / 14 / 2008
	City MEDINA State WA Zip Code 98039-0676	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2725.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 131 / 154

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) NORMA NYCUM	Transaction ID: SB28A.2947068 Date of Disbursement 12 / 31 / 2008
	Mailing Address 645 COLONIAL DRIVE	Amount of Each Disbursement this Period 250.00
	City VERO BEACH State FL Zip Code 32962-1518	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NORMA NYCUM	Transaction ID: SB28A.2947069 Date of Disbursement 12 / 31 / 2008
	Mailing Address 645 COLONIAL DRIVE	Amount of Each Disbursement this Period 250.00
	City VERO BEACH State FL Zip Code 32962-1518	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROGER M. O'STEEN	Transaction ID: SB28A.2943096 Date of Disbursement 12 / 14 / 2008
	Mailing Address 4314 PABLO OAKS COURT	Amount of Each Disbursement this Period 500.00
	City JACKSONVILLE State FL Zip Code 32224-9631	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) ELIO OLIVA</p> <p>Mailing Address 796 TULIP CIR</p> <p>City WESTON State FL Zip Code 33327-2452</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.2947001</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) GERALD OSTERMAN</p> <p>Mailing Address 7913 LEAWOOD BLVD</p> <p>City LITTLE ROCK State AR Zip Code 72205-2525</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.2946878</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) DARWIN PACE</p> <p>Mailing Address 1403 GENOA ST.</p> <p>City CORAL GABLES State FL Zip Code 33134-2340</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.2946891</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

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

Transaction ID: SB28A.2947090
Date of Disbursement

Mailing Address 10135 GROVE LANE

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City State Zip Code
COOPER CITY FL 33328-4008

Amount of Each Disbursement this Period

Purpose of Disbursement
CONTRIBUTION REFUND

Category/
Type

50.00

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)
GURDAVE S. PAUL

Transaction ID: SB28A.2946879
Date of Disbursement

Mailing Address 1808 N. CHURCH STREET

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City State Zip Code
BURLINGTON NC 27217-2925

Amount of Each Disbursement this Period

Purpose of Disbursement
CONTRIBUTION REFUND

Category/
Type

100.00

Candidate Name

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

C.

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

Transaction ID: SB28A.2947086
Date of Disbursement

Mailing Address 908 CORA ST.

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City State Zip Code
WYANDOTTE MI 48192-2820

Amount of Each Disbursement this Period

Purpose of Disbursement
CONTRIBUTION REFUND

Category/
Type

200.00

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional) ▶

350.00

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

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) RICHARD PEREZ	Transaction ID: SB28A.2947087 Date of Disbursement 12 / 31 / 2008
	Mailing Address 908 CORA ST.	Amount of Each Disbursement this Period 200.00
	City WYANDOTTE State MI Zip Code 48192-2820	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RICHARD PETROCELLI	Transaction ID: SB28A.2943093 Date of Disbursement 12 / 14 / 2008
	Mailing Address 75 CENTURAL PARK WEST	Amount of Each Disbursement this Period 1000.00
	City NEW YORK State NY Zip Code 10023-6011	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JO ANNE PHILIPS	Transaction ID: SB28A.2943109 Date of Disbursement 12 / 14 / 2008
	Mailing Address 960 BACONS BRIDGE ROAD SUITE 4	Amount of Each Disbursement this Period 150.00
	City SUMMERVILLE State SC Zip Code 29485-4188	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) COLLEEN C. PORTER	Transaction ID: SB28A.2943077 Date of Disbursement 12 / 14 / 2008
	Mailing Address 3601 NEYREY DRIVE	Amount of Each Disbursement this Period 10.00
	City METAIRIE State LA Zip Code 70002-4543	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) RONALD R. RAMSEY	Transaction ID: SB28A.2943103 Date of Disbursement 12 / 14 / 2008
	Mailing Address 2840 WHITE CT. NE	Amount of Each Disbursement this Period 35.00
	City CONYERS State GA Zip Code 30012-2606	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) LEE ANN RASK	Transaction ID: SB28A.2947038 Date of Disbursement 12 / 31 / 2008
	Mailing Address 8333 JAKARO DRIVE	Amount of Each Disbursement this Period 50.00
	City CINCINNATI State OH Zip Code 45255-4488	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

95.00

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

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

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

Transaction ID: SB28A.2943112
Date of Disbursement

Mailing Address 6270 CULVERHOUSE COURT

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	8

City State Zip Code
GAINESVILLE VA 20155-6608

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)
ERIKA REHM-KINDNESS

Transaction ID: SB28A.2947079
Date of Disbursement

Mailing Address 212 SKYLINE DR.

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City State Zip Code
EDMONDS WA 98020-2964

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)
NOLAN C. RICHARDSON

Transaction ID: SB28A.2943104
Date of Disbursement

Mailing Address P.O. BOX 5203

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	8

City State Zip Code
LAKE CHARLES LA 70606-5203

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional) ►

400.00

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

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**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) BEN RIEHL	Transaction ID: SB28A.2943117
	Mailing Address 4119 W. LINCOLN HWY.	Date of Disbursement 12 / 14 / 2008
	City PARKESBURG State PA Zip Code 19365-1779	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION REFUND	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:	

B.	Full Name (Last, First, Middle Initial) CRAIG RIFE	Transaction ID: SB28A.2946905
	Mailing Address 6 PUESTA DEL SOL	Date of Disbursement 12 / 31 / 2008
	City HUTCHINSON State KS Zip Code 67502-9011	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION REFUND	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:	

C.	Full Name (Last, First, Middle Initial) AMANDA ROBERTS CABE	Transaction ID: SB28A.2947041
	Mailing Address 4066 ANDOVER CIRCLE	Date of Disbursement 12 / 31 / 2008
	City MCDONOUGH State GA Zip Code 30252-5503	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement CONTRIBUTION REFUND	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)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) ANTHONY ROBINSON</p> <p>Mailing Address 7551 PARRIS BRIDGE RD</p> <p>City CHESNEE State SC Zip Code 29323-9747</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.2947076</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p>B. Full Name (Last, First, Middle Initial) LANA ROBINSON</p> <p>Mailing Address 8224 RAVENSWOOD ROAD</p> <p>City GRANBURY State TX Zip Code 76049-4615</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.2947042</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) STUART A. ROSENFELDT</p> <p>Mailing Address 201 SW 8TH TERRACE</p> <p>City BOCA RATON State FL Zip Code 33486-4643</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.2946869</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 20500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

21200.00

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

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) JOAN RUSKAMP <hr/> Mailing Address 1747 RD. W. <hr/> City DODGE State NE Zip Code 68633-3108 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946866 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DERRAL RUSSELL <hr/> Mailing Address P.O. BOX 1742 <hr/> City BEEVILLE State TX Zip Code 78104-1742 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2943066 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) THOMAS H. RYAN <hr/> Mailing Address 4447 BUTTERCUP COURT <hr/> City WILSON State WY Zip Code 83014-9621 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947006 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2700.00

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

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) SHERYL SCHAFFER <hr/> Mailing Address 2910 RIDGECREST DR. <hr/> City IDAHO FALLS State ID Zip Code 83404-6852 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947052 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRANCIS SCHANNE <hr/> Mailing Address 38 RIDGEWAY CIRCLE <hr/> City WHITE PLAINS State NY Zip Code 10605-4119 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947057 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JOHN W. SCHARER, JR. <hr/> Mailing Address 43 S. REMINGTON ROAD <hr/> City BEXLEY State OH Zip Code 43209-1855 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2943119 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5750.00

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

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

A.	Full Name (Last, First, Middle Initial) DORCAS SCHOFIELD	Transaction ID: SB28A.2947034 Date of Disbursement 12 / 31 / 2008
	Mailing Address 2213 BETA ST SE	Amount of Each Disbursement this Period 50.00
	City LACEY State WA Zip Code 98503-3126	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GARY SCHWAB	Transaction ID: SB28A.2943069 Date of Disbursement 12 / 12 / 2008
	Mailing Address 283 BAMPFIELD DRIVE	Amount of Each Disbursement this Period 200.00
	City MOUNT PLEASANT State SC Zip Code 29464-2526	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WILLIAM J. SCHWAAB	Transaction ID: SB28A.2947103 Date of Disbursement 12 / 31 / 2008
	Mailing Address 2647 HAVITUR WAY	Amount of Each Disbursement this Period 200.00
	City ANCHORAGE State AK Zip Code 99504-3606	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) DONALD A. SMITH	Transaction ID: SB28A.2947098 Date of Disbursement																			
	Mailing Address 1412 LUCKY PENNIE WAY	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	8												
	City APOPKA State FL Zip Code 32712-2165	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"><tr><td>25.00</td></tr></table>	25.00																		
25.00																					
	Candidate Name	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:																				

B.	Full Name (Last, First, Middle Initial) HEATHER SMITH	Transaction ID: SB28A.2947077 Date of Disbursement																			
	Mailing Address 2831 COLLINGWOOD DRIVE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	8												
	City ROUND ROCK State TX Zip Code 78665-5655	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"><tr><td>50.00</td></tr></table>	50.00																		
50.00																					
	Candidate Name	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:																				

C.	Full Name (Last, First, Middle Initial) JOHN SMITH	Transaction ID: SB28A.2947074 Date of Disbursement																			
	Mailing Address 403 RUSSELL AVE, APT 610	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	8												
	City GAITHERSBURG State MD Zip Code 20877-2820	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	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:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>575.00</td></tr></table>	575.00
575.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) DOUG SNOW <hr/> Mailing Address 1436 SOUTH 13TH STREET <hr/> City LINCOLN, State NE Zip Code 68502-2301 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947048 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 25.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KRIS M. SPAIN <hr/> Mailing Address 2926 RIVERMEADE DR NW <hr/> City ATLANTA State GA Zip Code 30327-2012 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2947018 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JOHN STADLER <hr/> Mailing Address P.O. BOX 276 <hr/> City FOX ISLAND State WA Zip Code 98333-0276 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2943094 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 10.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1035.00

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

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) CHARLES P. STANLEY	Transaction ID: SB28A.2946888 Date of Disbursement																			
	Mailing Address 2 NAZARETH LN	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	8												
	City SAINT LOUIS State MO Zip Code 63129-7600	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"><tr><td>50.00</td></tr></table>	50.00																		
50.00																					
	Candidate Name	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																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) ERWIN J. STARUSTKA	Transaction ID: SB28A.2943076 Date of Disbursement																			
	Mailing Address 1632 MCEWEN COURT SW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	8												
	City ALBUQUERQUE State NM Zip Code 87105-4506	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"><tr><td>50.00</td></tr></table>	50.00																		
50.00																					
	Candidate Name	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																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) ELAINE D. STEWART	Transaction ID: SB28A.2946897 Date of Disbursement																			
	Mailing Address 11644 DIMOND POINT	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	8												
	City INDIANAPOLIS State IN Zip Code 46236-9057	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	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																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>600.00</td></tr></table>	600.00
600.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) MICHAEL L. SUMERALL	Transaction ID: SB28A.2946903 Date of Disbursement 12 / 31 / 2008
	Mailing Address 159 MILL ROAD	Amount of Each Disbursement this Period 200.00
	City PATTERSON State LA Zip Code 70392-5609	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) BENJAMIN SUMMERS	Transaction ID: SB28A.2943099 Date of Disbursement 12 / 14 / 2008
	Mailing Address P.O. BOX 212	Amount of Each Disbursement this Period 500.00
	City EDWARDSPORT State IN Zip Code 47528-0212	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JACK F. THOMASON	Transaction ID: SB28A.2946882 Date of Disbursement 12 / 31 / 2008
	Mailing Address 129 DONNIEBROOK STREET	Amount of Each Disbursement this Period 10.00
	City PALESTINE State TX Zip Code 75803-8557	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

710.00

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

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) ROBERT M. THOMPSON <hr/> Mailing Address P.O. BOX 6349 <hr/> City PLYMOUTH State MI Zip Code 48170-0353 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946867 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1300.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) VICKIE THORNTON <hr/> Mailing Address 2275 E CHEMISE DR <hr/> City MERIDIAN State ID Zip Code 83646-1574 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2946988 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 50.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BRUCE TOWNE <hr/> Mailing Address P.O. BOX 185 <hr/> City WALNUT GROVE State CA Zip Code 95690-0185 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2943089 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1600.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 148 / 154

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) ALICE VIERA	Transaction ID: SB28A.2947046 Date of Disbursement 12 / 31 / 2008
	Mailing Address 366 MYSTIC SHORES BLVD	Amount of Each Disbursement this Period 250.00
	City SPRING BRANCH State TX Zip Code 78070-5243	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VIRGINIA WALKER	Transaction ID: SB28A.2946998 Date of Disbursement 12 / 31 / 2008
	Mailing Address 1551 SHORELANDS DR E	Amount of Each Disbursement this Period 100.00
	City VERO BEACH State FL Zip Code 32963-2648	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RAY WEBER	Transaction ID: SB28A.2946893 Date of Disbursement 12 / 31 / 2008
	Mailing Address 24323 CEDAR WAY	Amount of Each Disbursement this Period 200.00
	City MOUNTLAKE TERRACE State WA Zip Code 98043-5834	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 149 / 154

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) THOMAS R. WEBER	Transaction ID: SB28A.2947024 Date of Disbursement																			
	Mailing Address 50 HAWTHORNE LN	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	8												
	City BARRINGTON State IL Zip Code 60010-5110	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"><tr><td>200.00</td></tr></table>	200.00																		
200.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) THOMAS R. WEBER	Transaction ID: SB28A.2947025 Date of Disbursement																			
	Mailing Address 50 HAWTHORNE LN	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	8												
	City BARRINGTON State IL Zip Code 60010-5110	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"><tr><td>200.00</td></tr></table>	200.00																		
200.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) JAMES R. WILLIAMS	Transaction ID: SB28A.2946895 Date of Disbursement																			
	Mailing Address 8900 170TH STREET SUITE 5L	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	8												
	City JAMAICA State NY Zip Code 11432-5309	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"><tr><td>7300.00</td></tr></table>	7300.00																		
7300.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>7700.00</td></tr></table>	7700.00
7700.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) MYRON WILSON	Transaction ID: SB28A.2943074 Date of Disbursement 12 / 14 / 2008	
	Mailing Address 727 DAN TIBBS ROAD NW SUITE B.		
	City HUNTSVILLE State AL Zip Code 35806-1317	Amount of Each Disbursement this Period 100.00	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) MARK WISNIEWSKI	Transaction ID: SB28A.2947039 Date of Disbursement 12 / 31 / 2008	
	Mailing Address 2209 BROOKHAVEN CT.		
	City BRENTWOOD State TN Zip Code 37027-3747	Amount of Each Disbursement this Period 250.00	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) KERRY YALDEN	Transaction ID: SB28A.2947033 Date of Disbursement 12 / 31 / 2008	
	Mailing Address 1369 W HUBBARD ST APT 2E		
	City CHICAGO State IL Zip Code 60642-6624	Amount of Each Disbursement this Period 50.00	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) DIANNE J. YARBROUGH	Transaction ID: SB28A.2946877
	Mailing Address 9312 N. PICTURE RIDGE ROAD	Date of Disbursement MM / DD / YYYY 12 / 31 / 2008
	City PEORIA State IL Zip Code 61615-1748	Amount of Each Disbursement this Period 9500.00
	Purpose of Disbursement CONTRIBUTION REFUND	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:	

B.	Full Name (Last, First, Middle Initial) ZAYA YOUNAN	Transaction ID: SB28A.2947035
	Mailing Address 2400 WHITE STALLION ROAD	Date of Disbursement MM / DD / YYYY 12 / 31 / 2008
	City WESTLAKE VILLAGE State CA Zip Code 91361-5093	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION REFUND	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:	

C.	Full Name (Last, First, Middle Initial) CHEYENNE ENVIRONMENTAL LLC	Transaction ID: SB28A.2943097
	Mailing Address 841 PRUDENTIAL DRIVE SUITE 1430	Date of Disbursement MM / DD / YYYY 12 / 14 / 2008
	City JACKSONVILLE State FL Zip Code 32207-8364	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION REFUND	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)	▶	15500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) DUFFERIN ASSOCIATES LLC	Transaction ID: SB28A.2943108 Date of Disbursement 12 / 14 / 2008
	Mailing Address 1601 BRONXDALE AVENUE SUITE 201	Amount of Each Disbursement this Period 500.00
	City BRONX State NY Zip Code 10462-3364	Category/ Type
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) IDAHO WATER COMPANY L.L.C.	Transaction ID: SB28A.2943101 Date of Disbursement 12 / 14 / 2008
	Mailing Address 1135 VALLEY ROAD	Amount of Each Disbursement this Period 500.00
	City EDEN State ID Zip Code 83325-5245	Category/ Type
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) MED EX DIRECT L.L.C.	Transaction ID: SB28A.2943102 Date of Disbursement 12 / 14 / 2008
	Mailing Address 13201 STEPHENS ROAD SUITE B.	Amount of Each Disbursement this Period 250.00
	City WARREN State MI Zip Code 48089-4340	Category/ Type
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	275005.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) ALASKANS FOR REFORM</p> <p>Mailing Address 2951 E. BOGARD ROAD</p> <p>City WASILLA State AK Zip Code 99654-6015</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28B.2946898</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">9000.00</td> </tr> </table> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0	8	9000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	3	1	/	2	0	0	8													
9000.00																						
<p>B. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT TIM BEARDEN</p> <p>Mailing Address 561 LAKE CONNIE ROAD</p> <p>City CARROLLTON State GA Zip Code 30116-4610</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28B.2943111</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	4	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	4	/	2	0	0	8													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) DON EAST FOR NC SENATE</p> <p>Mailing Address 971 LONG HILL ROAD</p> <p>City PILOT MOUNTAIN State NC Zip Code 27041-8189</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28B.2946902</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	3	1	/	2	0	0	8													
1000.00																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<table border="1"> <tr> <td style="font-size: 1.2em;">11000.00</td> </tr> </table>	11000.00
11000.00		
<p>TOTAL This Period (last page this line number only)</p>	<table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>	

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) THE COMMITTEE TO ELECT RUTH JOHNSON <hr/> Mailing Address 1603 WALINGWOOD DRIVE <hr/> City NORTH LAS VEGAS State NV Zip Code 89031-5014 <hr/> Purpose of Disbursement CONTRIBUTION REFUND <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28C.2943110 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) THE FLEMING ISLAND REPUBLICAN CLUB <hr/> Mailing Address 2254 TRAILWOOD DRIVE <hr/> City FLEMING ISLAND State FL Zip Code 32003-4928 <hr/> Purpose of Disbursement CONTRIBUTION REFUND <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28B.2946896 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 600.00

SUBTOTAL of Disbursements This Page (optional) ►

2600.00

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

13600.00