

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 9067

(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. KENT ABBOTT

Mailing Address 501 E. 5TH ST.

City

HYDRO

State

OK

Zip Code

73048-8980

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
PHARMACIST

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2331171

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MARK ABBOTT

Mailing Address 2820 NW SKYLINE DRIVE

City

CORVALLIS

State

OR

Zip Code

97330-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer
OREGON STATE UNIVERSITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
PROFESSOR

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Transaction ID: SA11.2229104

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

AJ ABEL

Mailing Address 3520 LEGACY HILLS COURT

City

LONGWOOD

State

FL

Zip Code

32779-3198

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRODUCERS INC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
INSURANCE MARKETING

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

Transaction ID: SA11.2272499

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)