

**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 2030 / 2828
	<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 VICTORY 2008

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. JACQUELINE Z. SHULMAN	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 1126 PENMORE PLACE	Transaction ID: SA11.1232145
	City RYDAL State PA Zip Code 19046-1239	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer OBERMAYER LAW FIRM Occupation ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. ORNA SHULMAN	Date of Receipt MM / DD / YYYY 07 / 16 / 2008
	Mailing Address 80 CENTRAL PARK WEST APT 22AB	Transaction ID: SA11.1276630
	City NEW YORK State NY Zip Code 10023-5204	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer SELF-EMPLOYED Occupation FOUNDER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DR. RICHARD H. SHULMAN	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 1126 PENMORE PLACE	Transaction ID: SA11.1232165
	City RYDAL State PA Zip Code 19046-1239	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer SELF-EMPLOYED Occupation ORAL SURGEON Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4300.00
<b>TOTAL</b> This Period (last page this line number only) .....	