

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 VICTORY FLORIDA

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

2. **FEC IDENTIFICATION NUMBER** C00448878
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 04 18 2008 through 06 30 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 07 15 2008

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							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
MCCAIN VICTORY FLORIDA

Report Covering the Period: From:

M	M
0	4

D	D
1	8

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">2259665.00</td></tr></table>	2259665.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">2259665.00</td></tr></table>	2259665.00								
2259665.00												
2259665.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">2259665.00</td></tr></table>	2259665.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">2259665.00</td></tr></table>	2259665.00								
2259665.00												
2259665.00												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">1589714.99</td></tr></table>	1589714.99	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">1589714.99</td></tr></table>	1589714.99								
1589714.99												
1589714.99												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">669950.01</td></tr></table>	669950.01	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">669950.01</td></tr></table>	669950.01								
669950.01												
669950.01												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
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 VICTORY FLORIDA

Report Covering the Period: From:

M	M
0	4

D	D
1	8

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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	2227950.00	2227950.00
(i) Itemized (use Schedule A)	1715.00	1715.00
(ii) Unitemized	2229665.00	2229665.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	30000.00	30000.00
(c) Other Political Committees (such as PACs)	2259665.00	2259665.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
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	0.00
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))	2259665.00	2259665.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2259665.00	2259665.00

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.....	245337.04	245337.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	245337.04	245337.04
22. Transfers to Affiliated/Other Party Committees.....	1275977.95	1275977.95
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	68400.00	68400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	68400.00	68400.00
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))..	1589714.99	1589714.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1589714.99	1589714.99

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	2259665.00	2259665.00
34. Total Contribution Refunds (from Line 28(d))	68400.00	68400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2191265.00	2191265.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	245337.04	245337.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	245337.04	245337.04

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

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

FOR LINE NUMBER: PAGE 6 / 111
(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 VICTORY FLORIDA

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

Mailing Address 111 BRINY AVENUE
APARTMENT 1908

City POMPAÑO BEACH State FL Zip Code 33062-5648

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

Name of Employer CROSS INTERNATIONAL, INC. Occupation NON-PROFIT EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 13 / 2008
Transaction ID: SA11.1078098
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RUSSELL S. ADLER

Mailing Address 2425 DEL MAR PLACE

City FORT LAUDERDALE State FL Zip Code 33301-1514

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 40800.00

Date of Receipt 06 / 12 / 2008
Transaction ID: SA11.1055277
Amount of Each Receipt this Period 80000.00
CONTRIBUTION
SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. KATIE ADLER

Mailing Address 2425 DEL MAR PLACE

City FORT LAUDERDALE State FL Zip Code 33301-1514

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 ▼ 39200.00

Date of Receipt 06 / 12 / 2008
Transaction ID: SA11.1081525
Amount of Each Receipt this Period 39200.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)
REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional) ▶ 81000.00

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 7 / 111
	<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 FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. RUSSELL S. ADLER	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 2425 DEL MAR PLACE	Transaction ID: SA11.1055277B
	City State Zip Code FORT LAUDERDALE FL 33301-1514	Amount of Each Receipt this Period -39200.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation ROTHSTEIN ROSENFELDT ADLER ATTORNEY	[MEMO ITEM] REATTRIBUTION TO SPOUSE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40800.00	

B.	Full Name (Last, First, Middle Initial) MR. ADAM AGATSTON	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 2945 SUNSET DRIVE	Transaction ID: SA11.1055308
	City State Zip Code MIAMI BEACH FL 33140	Amount of Each Receipt this Period 2300.00
	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 ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) MR. EVAN AGATSTON	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 2945 SUNSET DR	Transaction ID: SA11.1055309
	City State Zip Code MIAMI BEACH FL 33140	Amount of Each Receipt this Period 2300.00
	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 ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	4600.00
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 8 / 111
	<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 FLORIDA

A. Full Name (Last, First, Middle Initial)
WILFRED AGUILA

Mailing Address 17204 TALENCE COURT

City Tampa State FL Zip Code 33647-3502

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 ▼ 1000.00

Date of Receipt 06 / 12 / 2008
Transaction ID: SA11.1055297
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KHALED AKKAWI

Mailing Address 100 S. EOLA DRIVE

City Orlando State FL Zip Code 32801-2888

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

Name of Employer SELF-EMPLOYED
Occupation SHOOT STRAIGHT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 06 / 13 / 2008
Transaction ID: SA11.1078078
Amount of Each Receipt this Period 2300.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GERALD T. ALBRECHT

Mailing Address 345 BAYSHORE BLVD
UNIT 1407

City Tampa State FL Zip Code 33606-2353

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

Name of Employer BUTLER PAPPAS
Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 12 / 2008
Transaction ID: SA11.1055276
Amount of Each Receipt this Period 1000.00
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 9 / 111

(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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
MR. JAMES J. ALLEN

Mailing Address 3560 NW 99TH AVENUE

City State Zip Code
CORAL SPRINGS FL 33065-2832

FEC ID number of contributing federal political committee. C

Name of Employer PHH Occupation **COMPUTERS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
06 / 05 / 2008

Transaction ID: SA11.1028607

Amount of Each Receipt this Period 2000.00

CONTRIBUTION

B.

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

Mailing Address 850 CONCOURSE PARKWAY S.

City State Zip Code
MAITLAND FL 32751-6145

FEC ID number of contributing federal political committee. C

Name of Employer J. ROLFE DAVIS INSURANCE Occupation **INSURANCE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1082397

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. MARILEE C. ARROW

Mailing Address 850 CONCOURSE PARKWAY S.

City State Zip Code
MAITLAND FL 32751-6145

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 MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1082429

Amount of Each Receipt this Period 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 3000.00

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 / 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. THOMAS D. ARTHUR	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 1700 S MACDILL AVENUE SUITE 340	Transaction ID: SA11.1055290
	City State Zip Code TAMPA FL 33629-5244	Amount of Each Receipt this Period 28500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 28500.00	

B.	Full Name (Last, First, Middle Initial) MR. MICHAEL ASHKIN	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 7282 FISHER ISLAND DRIVE	Transaction ID: SA11.1055305
	City State Zip Code FISHER ISLAND FL 33109-0762	Amount of Each Receipt this Period 4600.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer DARBY GROUP CO 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 ▼ 9200.00	

C.	Full Name (Last, First, Middle Initial) MR. MICHAEL ASHKIN	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 7282 FISHER ISLAND DRIVE	Transaction ID: SA11.1055306
	City State Zip Code FISHER ISLAND FL 33109-0762	Amount of Each Receipt this Period 4600.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer DARBY GROUP CO 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 ▼ 9200.00	

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 11 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. SIDIKI BAGAYOKO
 Mailing Address 2920 LANDTREE PLACE
 City State Zip Code
 ORLANDO FL 32812-5952
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 6 / 2 0 0 8
Transaction ID: SA11.1082383
 Amount of Each Receipt this Period
 2300.00
 CONTRIBUTION
 Name of Employer Occupation
 TAMPA LEGAL COPIES LITIGATION SUPPORT
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

B. Full Name (Last, First, Middle Initial)
MR. RON K. BAILEY
 Mailing Address 912 W. PLATT STREET
 City State Zip Code
 TAMPA FL 33606-2114
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 9 / 2 0 0 8
Transaction ID: SA11.987274
 Amount of Each Receipt this Period
 18500.00
 CONTRIBUTION
 Name of Employer Occupation
 BATTLEVIEW INVESTMENTS INVESTMENT MANAGER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 18500.00
 REFUND TO BE ISSUED

C. Full Name (Last, First, Middle Initial)
MRS. CAROLYN BALOGH
 Mailing Address 14821 SASSANDRA DRIVE
 City State Zip Code
 ODESSA FL 33556-3812
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 6 / 2 0 0 8
Transaction ID: SA11.1082431
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 21050.00
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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. FRANK BALOGH

Mailing Address 14821 SASSANDRA DRIVE

City ODESSA State FL Zip Code 33556-3812

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 06 / 16 / 2008

Transaction ID: SA11.1082385

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. AILEEN BAND

Mailing Address 2237 S. ATLANTIC AVENUE

City DAYTONA BEACH SHOR State FL Zip Code 32118-5319

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

Name of Employer TROPICAL MANOR Occupation HOTEL MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 06 / 13 / 2008

Transaction ID: SA11.1077937

Amount of Each Receipt this Period 2300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PAUL PHILIP BARDES

Mailing Address 101 FAREHAM PLACE N.

City SAINT PETERSBURG State FL Zip Code 33701-2970

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 06 / 16 / 2008

Transaction ID: SA11.1083047

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2800.00

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 13 / 111
	<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	

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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MS. SUSAN P. BARI	Date of Receipt MM / DD / YYYY 06 / 05 / 2008
	Mailing Address 347 N NEW RIVER DR. E #3104	Transaction ID: SA11.1028610
	City State Zip Code FORT LAUDERDALE FL 33301-3170	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation THE SUSAN BARI COMPANY CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MRS. GLENDA R. BARLOW	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 3711 BAYSHORE BLVD.	Transaction ID: SA11.1055356
	City State Zip Code TAMPA FL 33611-1613	Amount of Each Receipt this Period 2000.00
	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 ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) MR. CARLOS BARRIOS	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 4987 COURTLAND LOOP	Transaction ID: SA11.1082403
	City State Zip Code WINTER SPRINGS FL 32708-4030	Amount of Each Receipt this Period 2500.00
	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 ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	5500.00
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 14 / 111
	<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 FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. ROBERT J. BAUER	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 10420 SW 102ND AVENUE	Transaction ID: SA11.1078068
	City State Zip Code MIAMI FL 33176-3510	Amount of Each Receipt this Period 1100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

B.	Full Name (Last, First, Middle Initial) MS. MATTIE BAUMGARTNER	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 62064 245 STREET	Transaction ID: SA11.1021392
	City State Zip Code LITCHFIELD MN 55355-5810	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation JACY II LLC ADMINISTRATOR	
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. WILLIAM A. BENTZ	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 1314 E. LAS OLAS BLVD. # 1091	Transaction ID: SA11.1082392
	City State Zip Code FORT LAUDERDALE FL 33301-2334	Amount of Each Receipt this Period 2300.00
	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 ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	▶	4400.00
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 / 111

(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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
MR. BRUCE P. BERTHELSEN

Mailing Address 1021 ABINGDON LANE

City State Zip Code
ALPHARETTA GA 30022-6271

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

Name of Employer Occupation
INSURANCE OFFICE OF AMERICA CHIEF OPERATING OFFICER

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

Date of Receipt

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

Transaction ID: SA11.1082412

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. ELIZABETH A. BEST

Mailing Address 1903 S. WYKAGYL STREET

City State Zip Code
TAMPA FL 33629-7040

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) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11.1028609

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. MARCIA A. BEXLEY

Mailing Address 707 E. RIDGEWOOD STREET

City State Zip Code
ORLANDO FL 32803-5723

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

Name of Employer Occupation
SELF-EMPLOYED MARKETING CONSULTANT, LOBBYIST

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: SA11.1055335

Amount of Each Receipt this Period

350.00

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 16 / 111
(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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
MS. DIANA BLOMGREN

Mailing Address 1120 N. SHORE DRIVE NE # 502

City State Zip Code
SAINT PETERSBURG FL 33701-1400

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1082381

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. GREGORY N. BOGER

Mailing Address 10939 BAYSHORE DRIVE

City State Zip Code
WINDERMERE FL 34786-7821

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

Name of Employer Occupation
FLORIDA OTOLARYNGOLOGY GR- OUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1082421

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RONALD L. BOOK

Mailing Address 2999 NE 191ST STREET #PH6

City State Zip Code
AVENTURA FL 33180-3123

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

Name of Employer Occupation
RONALD L. BOOK, P.A. ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 20000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.1078077

Amount of Each Receipt this Period
20000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **21250.00**

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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

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

Mailing Address 2703 ARDSLEY DRIVE

City State Zip Code
ORLANDO FL 32804-4311

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

Name of Employer Occupation
J. ROLFE DAVIS INSURANCE INSURANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: SA11.1107683

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JEFFREY M. BORYSIEWICZ

Mailing Address 7407 PARK SPRINGS CIRCLE

City State Zip Code
ORLANDO FL 32835-2620

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

Name of Employer Occupation
CORONA CIGAR COMPANY CIGAR RETAILER & CIGAR BAR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.1078104

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

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

Mailing Address 17 CAYUGA ROAD

City State Zip Code
SEA RANCH LAKES FL 33308-2928

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
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1083044

Amount of Each Receipt this Period
500.00

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 18 / 111

(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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MICHAEL CAPUTO		Date of Receipt
	Mailing Address 2020 NE 135TH ST APT 204		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	N MIAMI	FL	33181-2107
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.1028612
Name of Employer SELF-EMPLOYED		Occupation PUBLIC RELATIONS	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="1000.00"/>
			CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) MR. GREGORY A. CARNEY		Date of Receipt
	Mailing Address 440 W. DILIDO DRIVE		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	MIAMI BEACH	FL	33139-1163
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.1078101
Name of Employer TRENO SOFTWARE		Occupation VICE PRESIDENT, ALLIANCES	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="400.00"/>
			CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) MR. LAWRENCE W. CARROLL, JR.		Date of Receipt
	Mailing Address 784 LONG LAKE DRIVE		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	OVIEDO	FL	32765-8557
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.1077906
Name of Employer RETIRED		Occupation RETIRED	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="2300.00"/>
			CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

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 19 / 111
(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 VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. LAWRENCE W. CARROLL, JR.
Mailing Address 784 LONG LAKE DRIVE

City State Zip Code
OVIEDO FL 32765-8557

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 ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11.1077907

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOE CHAVARA
Mailing Address 125 E. WEBSTER AVENUE

City State Zip Code
WINTER PARK FL 32789-3224

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

Name of Employer Occupation
CENTRAL FL. LINCOLN MERCURY AUTO DEALER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

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

Transaction ID: SA11.1055348

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PATRICK T. CHRISTIANSEN
Mailing Address 500 IVANHOE PLAZA

City State Zip Code
ORLANDO FL 32804-6332

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

Name of Employer Occupation
AKERMAN SENTERFITT ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11.1077895

Amount of Each Receipt this Period
1300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **6600.00**

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 20 / 111
	<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) DR. ORLANDO CICILIONI, JR.	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 3848 EMERALD ESTATES CIRCLE	Transaction ID: SA11.1082424
	City State Zip Code APOPKA FL 32703-6710	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer: ORLANDO COSMETIC SURGERY, L.L.C. Occupation: PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MS. SARA J. COEN	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 1203 NE 9TH AVENUE	Transaction ID: SA11.987264
	City State Zip Code DELRAY BEACH FL 33483-5940	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer: ROTHSTEIN ROSENFELDT ADLER Occupation: ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) MR. PHILIP COHEN	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 1500 OCEAN DRIVE APARTMENT 903	Transaction ID: SA11.1021385
	City State Zip Code MIAMI BEACH FL 33139-3133	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer: RETIRED Occupation: RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	6500.00
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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MRS. MAUREEN A. COHN

Mailing Address **4616 W. SAN MIGUEL STREET**

City **TAMPA** State **FL** Zip Code **33629-5548**

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 ▼ **20000.00**

Date of Receipt **06 / 12 / 2008**
Transaction ID: SA11.1055343
 Amount of Each Receipt this Period **20000.00**
CONTRIBUTION

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

Mailing Address **7243 FISHER ISLAND DRIVE**

City **MIAMI** State **FL** Zip Code **33109-0743**

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

Name of Employer **SELF-EMPLOYED** Occupation **SELF-EMPLOYED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000.00**

Date of Receipt **05 / 29 / 2008**
Transaction ID: SA11.987267
 Amount of Each Receipt this Period **10000.00**
CONTRIBUTION

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

Mailing Address **3300 N. WESTMORELAND DRIVE**

City **ORLANDO** State **FL** Zip Code **32804-3638**

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

Name of Employer **J. ROLFE DAVIS** Occupation **SALES**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **06 / 13 / 2008**
Transaction ID: SA11.1077938
 Amount of Each Receipt this Period **1000.00**
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **31000.00**

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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MRS. CORNELIA CORBETT

Mailing Address 1043 GUI SANDO DE AVILA

City State Zip Code
TAMPA FL 33613-1058

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 ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2008

Transaction ID: SA11.1055338

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM P. CORRY

Mailing Address 590 REEF ROAD

City State Zip Code
VERO BEACH FL 32963-2801

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

Name of Employer Occupation
CORRY CAPITAL ADVISORS INVESTMENT MANAGER U.K.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2008

Transaction ID: SA11.1055281

Amount of Each Receipt this Period
30000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. VIRGINIA E. COZAD

Mailing Address 12094 LOST TREE WAY

City State Zip Code
NORTH PALM BEACH FL 33408-2919

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
M M / D D / Y Y Y Y Y
06 / 27 / 2008

Transaction ID: SA11.1145255

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **34600.00**

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 23 / 111
(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 VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MS. AUDREY E. DANDO

Mailing Address 2237 S. ATLANTIC AVENUE

City State Zip Code
DAYTONA BEACH SHOR FL 32118-5319

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

Name of Employer Occupation
TROPICAL MANOR MOTEL MOTEL OWNER/MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

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

Transaction ID: SA11.1082410

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CAROL DAVIDS

Mailing Address 505 RIVERSIDE COVE PLACE

City State Zip Code
INDIALANTIC FL 32903-4530

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

Name of Employer Occupation
FOGG REALITY REAL ESTATE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11.1077903

Amount of Each Receipt this Period
4600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. STEPHANIE DAVIS

Mailing Address 288 BEAD DRIVE NE #5A

City State Zip Code
ST. PETERSBURG FL 33701

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 Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11.1077934

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **7900.00**

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 / 111
(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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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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial) MR. CARLOS DE LA CRUZ		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2008
Mailing Address 220 ALHAMBRA CIRCLE SUITE 304		Transaction ID: SA11.1078100
City CORAL GABLES	State FL	Zip Code 33134-5174
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20000.00
Name of Employer CC1 COMPANIES, INC.	Occupation CHAIRMAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	

B.

Full Name (Last, First, Middle Initial) MR. RICHARD DENAPOLI		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2008
Mailing Address 4416 JACKSON STREET		Transaction ID: SA11.1055280
City HOLLYWOOD	State FL	Zip Code 33021-7220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	CONTRIBUTION
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) DR. CHETAN DESAT		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2008
Mailing Address 3901 66TH NORTH #200		Transaction ID: SA11.1021386
City ST. PETERSBURG	State FL	Zip Code 33709-4949
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CENTER FOR DIGESTIVE CARE	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	22000.00
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 25 / 111
	<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. ERNEST M. DETRICK	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 3415 W. LYKES AVENUE	Transaction ID: SA11.1077927
	City State Zip Code TAMPA FL 33609-4625	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer: RETIRED Occupation: RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MR. STEPHEN DIACO	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 101 E. KENNEDY BLVD.	Transaction ID: SA11.1078075
	City State Zip Code TAMP FL 33602-5179	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer: ADAMS & DIACO, P.A. Occupation: ATTORNEY 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 DIENER	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 8 INDIAN CREEK ISLAND ROAD	Transaction ID: SA11.1145258
	City State Zip Code INDIAN CREEK VILLA FL 33154-2903	Amount of Each Receipt this Period 28500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer: HOTELS.COM Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 28500.00	

SUBTOTAL of Receipts This Page (optional)	30500.00
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 / 111
(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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT R. DITWILER

Mailing Address 11215 ST. ANDREWS COURT

City State Zip Code
RIVERVIEW FL 33579-7045

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

Name of Employer
RESPONSE MAIL

Occupation
VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.1077935

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. DAVID D. DORE

Mailing Address 410 CELEBRATION PLACE
SUITE 106

City State Zip Code
CELEBRATION FL 34747-5432

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

Name of Employer
CELEBRATION ORTHOPAEDICS

Occupation
ORTHOPAEDIC SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1082419

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. CAROLE L. DUNCANSON

Mailing Address 1044 HARRISON STREET

City State Zip Code
HOLLYWOOD FL 33019-1625

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

Name of Employer
C.L.D. & ASSOCIATES

Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1082394

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: (check only one)	PAGE 27 / 111
	<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 FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. JAMES R. DUNN	Date of Receipt MM / DD / YYYY 06 / 04 / 2008
	Mailing Address 4210 N. FEDERAL HIGHWAY	Transaction ID: SA11.1021382
	City State Zip Code LIGHTHOUSE POINT FL 33064-6049	Amount of Each Receipt this Period 4600.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer S.P.D. GROUP INC.	Occupation JEWELER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4600.00	

B.	Full Name (Last, First, Middle Initial) MR. CLARK D. EAST	Date of Receipt MM / DD / YYYY 06 / 19 / 2008
	Mailing Address 2933 SANDPIPER PLACE	Transaction ID: SA11.1107684
	City State Zip Code CLEARWATER FL 33762-3059	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer C DE DEV. GROUP	Occupation DEVELOPER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) MR. ROBERT R. ELDER	Date of Receipt MM / DD / YYYY 05 / 14 / 2008
	Mailing Address 9911 LONE TREE LANE	Transaction ID: SA11.910772
	City State Zip Code TAMPA FL 33618-4430	Amount of Each Receipt this Period 2000.00
	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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	8600.00
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 / 111
(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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
IGAL ELYASSI

Mailing Address 150 N. ALMONT DRIVE #301

City State Zip Code
BEVERLY HILLS CA 90211-1803

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

Name of Employer Occupation
SELF-EMPLOYED DENTIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.1077933

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. VARALAXMI R. EMANDI

Mailing Address 5723 WESTSHORE DRIVE

City State Zip Code
NEW PORT RICHEY FL 34652-3036

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

Name of Employer Occupation
CANCER CARE CENTERS OF FLORIDA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1082428

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT S. ENNIS

Mailing Address 3455 STALLION LANE

City State Zip Code
WESTON FL 33331-3035

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 ▼ 4600.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2008

Transaction ID: SA11.1055304

Amount of Each Receipt this Period
4600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5850.00**

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 29 / 111
	<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 FLORIDA

A.	Full Name (Last, First, Middle Initial) MS. MAYA EZRATTI	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 9999 COLLINS AVENUE APARTMENT 10C	Transaction ID: SA11.1055300
	City State Zip Code BAL HARBOUR FL 33154-1833	Amount of Each Receipt this Period 25000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

B.	Full Name (Last, First, Middle Initial) MRS. MISHA J. EZRATTI	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 9999 COLLINS AVENUE APT. 10C	Transaction ID: SA11.1055301
	City State Zip Code BAL HARBOUR FL 33154-1833	Amount of Each Receipt this Period 25000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

C.	Full Name (Last, First, Middle Initial) MR. JEROME FALIC	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 209 BAL BAY DR.	Transaction ID: SA11.1083072
	City State Zip Code MIAMI BEACH FL 33154-1368	Amount of Each Receipt this Period 28500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation DUTY FREE AMERICAS CHIEF EXECUTIVE OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 28500.00	

SUBTOTAL of Receipts This Page (optional)	78500.00
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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. MITCHELL S. FEIG

Mailing Address 806 N.W. 126TH WAY

City State Zip Code
CORAL SPRINGS FL 33071

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

Name of Employer Occupation
CORE SOLUTIONS GROUP, INC. SOFTWARE DEVELOPER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: SA11.1145263

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. OSCAR V. FELDENKREIS

Mailing Address 3000 NW 107TH AVENUE

City State Zip Code
DORAL FL 33172-2133

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

Name of Employer Occupation
PERRY ELLIS INTERNATIONAL VICE CHAIRMAN/PRESIDENT/COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1083041

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JEAN A. FINDEISS

Mailing Address 2824 NE 27 STREET

City State Zip Code
FORT LAUDERDALE FL 33306-1913

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: SA11.1028614

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 / 111
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MRS. NANCY C. FLOTO

Mailing Address 6019 BEACON SHORES STREET

City State Zip Code
TAMPA FL 33616-1318

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 ▼
12300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 05 / 2008

Transaction ID: SA11.1024519

Amount of Each Receipt this Period
12300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RONALD J. FLOTO

Mailing Address 6019 BEACON SHORES STREET

City State Zip Code
TAMPA FL 33616-1318

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

Name of Employer SELF-EMPLOYED
Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 05 / 2008

Transaction ID: SA11.1024522

Amount of Each Receipt this Period
12300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DEREK FOGT

Mailing Address 8125 CHAMPIONS CIRCLE #102

City State Zip Code
CHAMPIONS GATE FL 33896-9626

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

Name of Employer JOHNSON BROS.
Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 05 / 2008

Transaction ID: SA11.1024521

Amount of Each Receipt this Period
1000.00

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 32 / 111
(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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
MRS. LORELEI FOGT

Mailing Address 8125 CHAMPIONS CIRCLE #102

City State Zip Code
CHAMPIONS GATE FL 33896-9626

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: SA11.1024518

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. PATRICIA FRANK

Mailing Address 8127 SIQUITA DR. NE

City State Zip Code
ST. PETERSBURG FL 33702-2764

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

Name of Employer Occupation
GLOBAL INVESTMENT RECOVER- Y, INC. CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.1077919

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. JULIA L. FREY

Mailing Address 1151 MAYFIELD AVENUE

City State Zip Code
WINTER PARK FL 32789-2614

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

Name of Employer Occupation
LOWNDES DROSDICK, L.L.C. LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1082409

Amount of Each Receipt this Period
350.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2350.00**

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 33 / 111
	<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	

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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) THE HON. LOUIS FREY, JR.	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 139 GENIUS DRIVE	Transaction ID: SA11.1055334
	City State Zip Code WINTER PARK FL 32789-5103	Amount of Each Receipt this Period 4600.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4600.00	

B.	Full Name (Last, First, Middle Initial) MR. RUSSELL GALBUT	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 2200 BISCAYNE BLVD.	Transaction ID: SA11.1055333
	City State Zip Code MIAMI FL 33137-5016	Amount of Each Receipt this Period 25000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation CRESCENT HEIGHTS OF AMERICA PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

C.	Full Name (Last, First, Middle Initial) M. A. GARCIA	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address P.O. BOX 2066	Transaction ID: SA11.1082426
	City State Zip Code WINTER PARK FL 32790-2066	Amount of Each Receipt this Period 10000.00
	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 ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	39600.00
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 34 / 111
(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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
DR. RONALD F. GIFFLER

Mailing Address 1250 NW 122ND AVENUE

City State Zip Code
PLANTATION FL 33323-2420

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

Name of Employer Occupation
FIRST PATH PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11.1077924

Amount of Each Receipt this Period
1300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. LOURDES GITTELMAN

Mailing Address 19512 EMBASSY COURT

City State Zip Code
MIAMI FL 33179-6414

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 Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11.1078067

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. AMIR GOLD

Mailing Address 6800 SW 96TH STREET

City State Zip Code
PINECREST FL 33156-3039

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 Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11.1083071

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

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 / 111

(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

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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
MR. GARY GOLDBLOOM

Mailing Address 1251 BELLA VISTA AVENUE

City State Zip Code
CORAL GABLES FL 33156-6455

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 ▼
2300.00

Date of Receipt

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

Transaction ID: SA11.1083073

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. KEITH A. GRAHAM

Mailing Address P.O. BOX 339

City State Zip Code
KILLARNEY FL 34740-0339

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

Name of Employer
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11.1145266

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

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

Mailing Address 21 BAHAMA CIRCLE

City State Zip Code
TAMPA FL 33606-3317

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

Name of Employer
HOLLAND & KNIGHT, L.L.P.

Occupation

LAWYER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

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

Transaction ID: SA11.1082387

Amount of Each Receipt this Period

1800.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6600.00

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 / 111
(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 VICTORY FLORIDA

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

Mailing Address 1205 PRESTIGE POINT

City State Zip Code
OVIEDO FL 32765-6314

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

Name of Employer Occupation
GREER HOLDINGS C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **30000.00**

Date of Receipt **05 / 21 / 2008**

Transaction ID: SA11.952063

Amount of Each Receipt this Period **30000.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HAROLD V. GROOME, JR.

Mailing Address 2616 N.E. 24TH STREET

City State Zip Code
LIGHTHOUSE POINT FL 33064-8302

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

Name of Employer Occupation
GROOME TRANSPORTATION RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **06 / 05 / 2008**

Transaction ID: SA11.1028611

Amount of Each Receipt this Period **2000.00**

CONTRIBUTION

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

Mailing Address 673 SMOKERISE BLVD.

City State Zip Code
LONGWOOD FL 32779-3383

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

Name of Employer Occupation
I.O.A. INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 16 / 2008**

Transaction ID: SA11.1082411

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **32250.00**

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 37 / 111
	<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 FLORIDA

A.	Full Name (Last, First, Middle Initial) DR. JOHN M. HAMILTON	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 300 BEACH DRIVE N.E. UNIT 2302	Transaction ID: SA11.1083045
	City State Zip Code SAINT PETERSBURG FL 33701-3467	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MR. F. PHILLIP HANDY	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address P.O. BOX 3090	Transaction ID: SA11.1145247
	City State Zip Code WINTER PARK FL 32790-3090	Amount of Each Receipt this Period 30000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation STRATEGIC INDUSTRIES CHIEF EXECUTIVE OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30000.00	

C.	Full Name (Last, First, Middle Initial) MR. TOM HARB	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 3700 34TH STREET	Transaction ID: SA11.1082401
	City State Zip Code ORLANDO FL 32805-6601	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HARBCO CIVIL ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	33300.00
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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MRS. BARBARA HARVEY

Mailing Address 1204 S. SUFFOLK DRIVE

City State Zip Code
TAMPA FL 33629-4228

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 ▼
1000.00

Date of Receipt

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

Transaction ID: SA11.1055357

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LESTER HARVEY

Mailing Address 1204 S. SUFFOLK DRIVE

City State Zip Code
TAMPA FL 33629-4228

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 ▼
1000.00

Date of Receipt

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

Transaction ID: SA11.1055342

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CARMELINDA HAURY

Mailing Address 412 BONTONA AVENUE

City State Zip Code
FORT LAUDERDALE FL 33301-2420

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 ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	0	8

Transaction ID: SA11.1077905

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. JOHN E. HAYES, JR.
Mailing Address 220 GULF BLVD.
City BELLEAIR SHORE State FL Zip Code 33786-3227
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 06 / 27 / 2008
Transaction ID: SA11.1145271
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. S. GENE HAYES
Mailing Address 220 GULF BLVD.
City BELLEAIR BEACH State FL Zip Code 33786-3227
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 06 / 27 / 2008
Transaction ID: SA11.1145250
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWARD F. HEIL
Mailing Address 202 SAINT MICHAEL COURT
City OAK BROOK State IL Zip Code 60523-2556
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 ▼ 30000.00
Date of Receipt 05 / 29 / 2008
Transaction ID: SA11.987269
Amount of Each Receipt this Period 30000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 32000.00
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 40 / 111
	<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 FLORIDA

A.	Full Name (Last, First, Middle Initial) A. W. HENDRY		Date of Receipt
	Mailing Address 86 BAHAMA CIRCLE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 12 / 2008
	City	State	Zip Code
	TAMPA	FL	33606-3318
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.1055346
Name of Employer GULF MARINE REPAIR		Occupation SHIP REPAIR	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"/> 10000.00
			CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) MR. MICHAEL E. HERRIAGE		Date of Receipt
	Mailing Address 1813 N. BARNES STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 16 / 2008
	City	State	Zip Code
	PLANT CITY	FL	33563-1805
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.1082382
Name of Employer TAMPA LEGAL COPIES		Occupation BUSINESS OWNER	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"/> 2300.00
			CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) MR. JAMES L. HEWITT		Date of Receipt
	Mailing Address 1411 EDGEWATER DRIVE SUITE 100		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 16 / 2008
	City	State	Zip Code
	ORLANDO	FL	32804-6300
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.1082413
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"/> 4600.00
			CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 16900.00
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 41 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MRS. ROSEMARY R. HEWITT

Mailing Address 1411 EDGEWATER DRIVE
SUITE 100

City State Zip Code
ORLANDO FL 32804-6300

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4600.00

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

Transaction ID: SA11.1082405

Amount of Each Receipt this Period
4600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. AUDREY M. HICKMAN

Mailing Address 109 FLORA DRIVE

City State Zip Code
HAINES CITY FL 33844-5801

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
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11.1145254

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 827 ELLWOOD AVENUE

City State Zip Code
ORLANDO FL 32804-7241

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 Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: SA11.1055354

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 6100.00

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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. ANDREW H. HINES, JR.
Mailing Address 249 COLONY POINT ROAD S.
City SAINT PETERSBURG State FL Zip Code 33705-6224
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 ▼ 2000.00
Date of Receipt 06 / 05 / 2008
Transaction ID: SA11.1028608
Amount of Each Receipt this Period 2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ERIC M. HOOPER
Mailing Address 11 E. LAUREL STREET
City APOPKA State FL Zip Code 32703-4120
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 ▼ 2300.00
Date of Receipt 06 / 16 / 2008
Transaction ID: SA11.1082376
Amount of Each Receipt this Period 2300.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
C. T. HSU
Mailing Address 820 IRMA AVENUE
City ORLANDO State FL Zip Code 32803-3807
FEC ID number of contributing federal political committee. **C**
Name of Employer C.T. HSU & ASSOCIATES Occupation ARCHITECT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 06 / 13 / 2008
Transaction ID: SA11.1077917
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 9300.00
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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. PIO R. IERACI

Mailing Address 4573 W. TRADEWINDS AVENUE

City LAUDERDALE BY THE State FL Zip Code 33308-3512

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

Name of Employer I.P.I. CORPORATION Occupation BROKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 16 / 2008

Transaction ID: SA11.1082391

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH S. INSALACO

Mailing Address 333 LAS OLAS WAY UNIT 1405

City FORT LAUDERDALE State FL Zip Code 33301-2381

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 06 / 27 / 2008

Transaction ID: SA11.1145262

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KENNETH R. JACKSON

Mailing Address 2555 MERCEDES DRIVE

City FORT LAUDERDALE State FL Zip Code 33316-2325

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

Name of Employer W. JACKSON & SONS CONSTRUCTION COMPANY Occupation EXECUTIVE CONTRACTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 13 / 2008

Transaction ID: SA11.1077912

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 / 111
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) DR. BARUCH JACOBS	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 3605 FLAMINGO DRIVE	Transaction ID: SA11.1083074
	City MIAMI BEACH State FL Zip Code 33140-3924	Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MR. GORDON JAMES, III	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 1805 SE 9TH STREET	Transaction ID: SA11.1077925
	City FORT LAUDERDALE State FL Zip Code 33316-1417	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer GORDON HARGROVE & JAMES, P.A.	Occupation ATTORNEY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) MR. JOHN C. JOHNSON	Date of Receipt MM / DD / YYYY 06 / 04 / 2008
	Mailing Address 21932 TOWN PLACE DRIVE	Transaction ID: SA11.1021384
	City BOCA RATON State FL Zip Code 33433-3713	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer HOLY CROSS HOSPITAL	Occupation PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	3500.00
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 45 / 111
	<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 FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. MANUEL KADRE	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 220 ALHAMBRA CIRCLE	Transaction ID: SA11.1055291
	City State Zip Code CORAL GABLES FL 33134-5174	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation CC1 COMPANIES INC VP AND GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

B.	Full Name (Last, First, Middle Initial) MR. AMIR KAZEMINIA	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 716 VIA BELLA	Transaction ID: SA11.1082404
	City State Zip Code WINTER PARK FL 32789-2718	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation O.C.I. CONSULTING ENGINEERS ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) MR. BRYAN G. KEARNEY	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 5115 JOANNE KEARNEY BLVD.	Transaction ID: SA11.1055293
	City State Zip Code TAMPA FL 33619-8602	Amount of Each Receipt this Period 10000.00
	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 ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	22500.00
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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
DR. HAMIL C. KESSEL

Mailing Address 41 W. KALEY STREET

City State Zip Code
ORLANDO FL 32806-2942

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

Name of Employer Occupation
ORLANDO UROLOGY ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2008

Transaction ID: SA11.1082422

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. A. ERIC KISHEL

Mailing Address 5010 MUIR WAY

City State Zip Code
LITHIA FL 33547-5018

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

Name of Employer Occupation
JOHNSON BROS. PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2008

Transaction ID: SA11.1021393

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LORI KISHEL

Mailing Address 5010 MUIR WAY

City State Zip Code
LITHIA FL 33547-5018

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2008

Transaction ID: SA11.1021391

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2300.00

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: <input 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	PAGE 47 / 111
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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. JONATHAN I. KISLAK

Mailing Address 7900 MIAMI LAKES DRIVE WEST

City MIAMI LAKES State FL Zip Code 33016-5816

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

Name of Employer ANTARES CAPITAL CORP. Occupation INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 28500.00

Date of Receipt 06 / 12 / 2008

Transaction ID: SA11.1055285

Amount of Each Receipt this Period 28500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BERNARD KLEPACH

Mailing Address P.O. BOX 380758

City MIAMI State FL Zip Code 33238-0758

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 ▼ 25000.00

Date of Receipt 06 / 27 / 2008

Transaction ID: SA11.1145264

Amount of Each Receipt this Period 25000.00

CONTRIBUTION

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

Mailing Address 5030 SW 92ND AVENUE

City MIAMI State FL Zip Code 33165-6509

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

Name of Employer ADVANCED ROOFING Occupation PROFESSIONAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 06 / 12 / 2008

Transaction ID: SA11.1055284

Amount of Each Receipt this Period 12500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **66000.00**

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 48 / 111
	<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. MICHAEL W. KORNAHRENS	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 4000 NE 31ST AVENUE	Transaction ID: SA11.1055283
	City State Zip Code LIGHTHOUSE POINT FL 33064-8437	Amount of Each Receipt this Period 12500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation ADVANCED ROOFING INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12500.00	

B.	Full Name (Last, First, Middle Initial) DR. CAROL KROL	Date of Receipt MM / DD / YYYY 06 / 05 / 2008
	Mailing Address P.O. BOX 8439	Transaction ID: SA11.1028613
	City State Zip Code DELRAY BEACH FL 33482-8439	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED CHIROPRACTIC PHYSICIAN	
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. EYTAN LAOR	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 2121 NE 211TH STREET	Transaction ID: SA11.1078080
	City State Zip Code MIAMI FL 33179-1634	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	14500.00
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 49 / 111
	<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. BENNETT LEBOW	Date of Receipt MM / DD / YYYY 05 / 14 / 2008
	Mailing Address 5203 FISHER ISLAND DRIVE	Transaction ID: SA11.910767
	City State Zip Code FISHER ISLAND FL 33109-0247	Amount of Each Receipt this Period 30000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation VECTOR GROUP LTD. EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30000.00	

B.	Full Name (Last, First, Middle Initial) MR. BENJAMIN LEON, III	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 11501 SW 40TH STREET	Transaction ID: SA11.1078084
	City State Zip Code MIAMI FL 33165-3313	Amount of Each Receipt this Period 43100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation LEON MEDICAL CENTERS INC. PRESIDENT & C.E.O.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 43100.00	

C.	Full Name (Last, First, Middle Initial) MR. BENJAMIN LEON, JR.	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 11501 SW 40TH STREET	Transaction ID: SA11.1198514
	City State Zip Code MIAMI FL 33165-3731	Amount of Each Receipt this Period 43100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation LEON MEDICAL CENTERS CHAIRMAN/C.E.O.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33100.00	

SUBTOTAL of Receipts This Page (optional)	116200.00
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 50 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MRS. LISA LEON

Mailing Address 11501 SW 40TH STREET

City State Zip Code
MIAMI FL 33165-3313

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

Name of Employer Occupation
LEON MEDICAL CENTER EVENTS COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 43100.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2008

Transaction ID: SA11.1078074

Amount of Each Receipt this Period
43100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LOURDES LEON

Mailing Address 11501 SW 40TH STREET

City State Zip Code
MIAMI FL 33165-3313

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

Name of Employer Occupation
LEON MEDICAL CENTERS SENIOR VICE PRESIDENT/DIRECTOR OF SERV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 43100.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2008

Transaction ID: SA11.1078071

Amount of Each Receipt this Period
43100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SILVIA LEON

Mailing Address 11501 SW 40TH STREET

City State Zip Code
MIAMI FL 33165-3313

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

Name of Employer Occupation
LEON MEDICAL CENTERS DIRECTOR OF SERVICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 43100.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2008

Transaction ID: SA11.1078072

Amount of Each Receipt this Period
43100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **129300.00**

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 / 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MRS. MELANIE R. LEONARD	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 3627 NE 19TH AVENUE	Transaction ID: SA11.1083061
	City State Zip Code OAKLAND PARK FL 33308-6208	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation DELTA AIR LINES FLIGHT ATTENDANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

B.	Full Name (Last, First, Middle Initial) MRS. GAYLA SUE LEVIN	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 100 BAY COLONY LANE	Transaction ID: SA11.987273
	City State Zip Code FORT LAUDERDALE FL 33308-2004	Amount of Each Receipt this Period 20000.00
	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 ▼ 20000.00	

C.	Full Name (Last, First, Middle Initial) MR. GEORGE LEVIN	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 100 BAY COLONY LANE	Transaction ID: SA11.987272
	City State Zip Code FORT LAUDERDALE FL 33308-2004	Amount of Each Receipt this Period 20000.00
	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 ▼ 20000.00	

SUBTOTAL of Receipts This Page (optional)	42300.00
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 / 111
	<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 FLORIDA

A.	Full Name (Last, First, Middle Initial) MRS. MARY H. LEVINE	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 266 S. COCONUT LANE	Transaction ID: SA11.1083063
	City State Zip Code MIAMI BEACH FL 33139-5164	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

B.	Full Name (Last, First, Middle Initial) MR. SPENCER D. LEVINE	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 3781 COLUMBUS WAY	Transaction ID: SA11.1055337
	City State Zip Code COOPER CITY FL 33026-4960	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer BROWARD HEALTH Occupation ADMINISTRATOR & ATTORNEY	
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. WILLIAM E. LEWIS	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address P.O. BOX 541	Transaction ID: SA11.1078082
	City State Zip Code PALM BEACH FL 33480-0541	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer CREDIT RESTORATION CONSULTANTS Occupation OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	5600.00
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 53 / 111
	<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 FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. CARL H. LINDER	Date of Receipt MM / DD / YYYY 06 / 04 / 2008
	Mailing Address 301 JEFFERSON AVENUE APARTMENT 3E	Transaction ID: SA11.1021383
	City MIAMI BEACH State FL Zip Code 33139-6843	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer ROTHSTEIN ROSENFELDT ADLER Occupation ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

B.	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER C. LYKES	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 2526 W. PROSPECT ROAD	Transaction ID: SA11.1055299
	City TAMPA State FL Zip Code 33629-5356	Amount of Each Receipt this Period 1000.00
	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 1000.00	

C.	Full Name (Last, First, Middle Initial) MRS. JAMIE A. MACBRYDE	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address INFO REQUESTED	Transaction ID: SA11.1142229
	City INFO REQUESTED State FL Zip Code 99999	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer NONE Occupation HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
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 / 111
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
MR. G. BROCK MAGRUDER

Mailing Address 1085 N. PARK AVENUE

City State Zip Code
WINTER PARK FL 32789-2537

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

Name of Employer Occupation
MAGRUDER CONSULTING CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.1077894

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. NANCY A. MARCHENA

Mailing Address 8535 CHICKASAW FARMS LANE

City State Zip Code
ORLANDO FL 32825-8425

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 ▼ 2500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1082379

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES M. MARK, JR.

Mailing Address 1160 FERN AVENUE

City State Zip Code
ORLANDO FL 32814-6062

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

Name of Employer Occupation
AMERICAN HOME COMPANIONS, INC. BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1083067

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5800.00**

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 55 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. HAL MARSTON

Mailing Address 8988 LAKE CHARITY DRIVE

City State Zip Code
MAITLAND FL 32751-4244

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

Name of Employer Occupation
EAGLE SUMMIT PARTNERS, L.-L.C. REAL ESTATE DEVELOPER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 03 / 2008

Transaction ID: SA11.1021388

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. JOSIE MARSTON

Mailing Address 8988 LAKE CHARITY DRIVE

City State Zip Code
MAITLAND FL 32751-4244

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

Name of Employer Occupation
EAGLE SUMMIT PARTNERS, L.-L.C. REAL ESTATE DEVELOPER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 03 / 2008

Transaction ID: SA11.1021389

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARTY W. MARTIN

Mailing Address 1 NORTH FEDERAL HIGHWAY
SUITE 500

City State Zip Code
BOCA RATON FL 33432-3954

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS SENIOR EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 14 / 2008

Transaction ID: SA11.910768

Amount of Each Receipt this Period
30000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **34600.00**

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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. RAFAEL MAS

Mailing Address 3181 CORAL WAY
5TH FLOOR

City State Zip Code
MIAMI FL 33145-3250

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

Name of Employer Occupation
MAS MEDICAL GROUP PRESIDENT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
43100.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2008

Transaction ID: SA11.1078070

Amount of Each Receipt this Period
43100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. CHRISTOPHER MASON

Mailing Address 4106 W. LAKE MARY BLVD. #125

City State Zip Code
LAKE MARY FL 32746-3383

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

Name of Employer Occupation
SELF-EMPLOYED DOCTOR

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2008

Transaction ID: SA11.1077936

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RAYMOND KNIGHT MASON, SR.

Mailing Address 2022 HENDRICKS AVENUE

City State Zip Code
JACKSONVILLE FL 32207-3308

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 ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2008

Transaction ID: SA11.1055336

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **46100.00**

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 / 111
(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 VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. ALBERT R. MAURY

Mailing Address 11501 SW 40 ST

City State Zip Code
MIAMI FL 33165-3313

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

Name of Employer
LEON MEDICAL CTR HEALTH PLANS

Occupation
PRESIDENT/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
43100.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2008

Transaction ID: SA11.1107685

Amount of Each Receipt this Period
43100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. SILVIA MAURY

Mailing Address 11501 SW 40 ST

City State Zip Code
MIAMI FL 33165-3313

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

Name of Employer
LEON MEDICAL CTR HEALTH PLANS

Occupation
PURCHASER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
43100.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2008

Transaction ID: SA11.1107686

Amount of Each Receipt this Period
43100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. GERTRUDE G. MAXWELL

Mailing Address 1700 S. OCEAN BLVD.

City State Zip Code
PALM BEACH FL 33480-5116

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 ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2008

Transaction ID: SA11.1077922

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **88200.00**

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 / 111
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

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

Mailing Address 100 OAKMONT LANE
APARTMENT 806

City State Zip Code
BELLEAIR FL 33756-1975

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

Name of Employer Occupation
GYPSUM PRODUCTS INC. PRESIDENT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2008

Transaction ID: SA11.1055332

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. ROBERT MCCANN

Mailing Address 7303 DUNES COURT

City State Zip Code
BRADENTON FL 34202-4047

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

Name of Employer Occupation
MCCANN MEDICINE & LAW, P.-A. PHYSICIAN/ATTORNEY

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2008

Transaction ID: SA11.993591

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CORRINE A. MCCLURE

Mailing Address 502 6TH AVENUE W.

City State Zip Code
PALMETTO FL 34221-5110

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 ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2008

Transaction ID: SA11.1083064

Amount of Each Receipt this Period
4000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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 59 / 111
	<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. WALLACE GENE MCGEE, JR.	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 215 S. MONROE STREET SUITE 306	Transaction ID: SA11.1055296
	City State Zip Code TALLAHASSEE FL 32301-1839	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer G.M.A. Occupation GOVERNMENT RELATIONS CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

B.	Full Name (Last, First, Middle Initial) MR. DAVID MCKINNEY	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 3131 MIDDLESEX ROAD	Transaction ID: SA11.1077918
	City State Zip Code ORLANDO FL 32803-1130	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer J. ROLFE DAVIS INSURANCE Occupation INSURANCE	
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. E. H. MCNICHOLS	Date of Receipt MM / DD / YYYY 06 / 05 / 2008
	Mailing Address P.O. BOX 20301	Transaction ID: SA11.1024515
	City State Zip Code TAMPA FL 33622-0301	Amount of Each Receipt this Period 12300.00
	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 ▼ 12300.00	

SUBTOTAL of Receipts This Page (optional)	23300.00
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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. BRAD MEIER

Mailing Address 847 TYLER STREET

City State Zip Code
HOLLYWOOD FL 33019-1326

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

Name of Employer Occupation
UNIVERSAL INSURANCE HOLDINGS, INC. CHIEF EXECUTIVE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12100.00

Date of Receipt

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

Transaction ID: SA11.1083070

Amount of Each Receipt this Period
12100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JULIO E. MENDEZ

Mailing Address 1865 79TH STREET CRESCENTWAY

City State Zip Code
NORTH BAY VILLAGE FL 33141

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

Name of Employer Occupation
LEON MEDICAL CENTERS ADVERTISING EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
43100.00

Date of Receipt

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

Transaction ID: SA11.1055340

Amount of Each Receipt this Period
43100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LAURANS A. MENDELSON

Mailing Address 3518 BAYSHORE VILLA DRIVE

City State Zip Code
MIAMI FL 33133-3254

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

Name of Employer Occupation
HEICO CORPORATION EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	0	8

Transaction ID: SA11.1077932

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **57500.00**

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 61 / 111
	<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	

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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) DR. THOMAS W. MESKO	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 8319 S.W. 85TH TERRACE	Transaction ID: SA11.1077902
	City State Zip Code MIAMI FL 33143-6974	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SAINT SINAI MEDICAL CENTER Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MRS. CINDY L. MILLER	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 130 FERNBROOK ROAD	Transaction ID: SA11.1077939
	City State Zip Code OLDSMAR FL 34677-2065	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer THE FLORIDA BAR Occupation ATTORNEY 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. GARY L. MILLER	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 130 FERNBROOK ROAD	Transaction ID: SA11.1077941
	City State Zip Code OLDSMAR FL 34677-2065	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer FREEMON & MILLER, P.A. Occupation ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
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 62 / 111
	<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 FLORIDA

A.	Full Name (Last, First, Middle Initial) MRS. PHYLLIS MIRMELLI	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 500 N. BAY ROAD	Transaction ID: SA11.1083076
	City State Zip Code MIAMI BEACH FL 33141	Amount of Each Receipt this Period 2000.00
	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 ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) MR. CHARLES J. MITCHELL, JR.	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 165 SPRING CHASE CIRCLE	Transaction ID: SA11.1083068
	City State Zip Code ALTAMONTE SPRINGS FL 32714-6528	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR. MARVIN ANDREW MITCHELL	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 2220 N. ATLANTIC BLVD.	Transaction ID: SA11.1077913
	City State Zip Code FORT LAUDERDALE FL 33305-1906	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer FAIRWINDS GROUP	Occupation C.E.O./PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4250.00
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 / 111
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. EDWARD J. MORSE, JR.
 Mailing Address 2543 AQUA VISTA BLVD.
 City State Zip Code
 FORT LAUDERDALE FL 33301-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MORSE OPERATIONS, INC. Occupation AUTO DEALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40000.00
 Date of Receipt M M / D D / Y Y Y Y Y
 0 5 / 2 9 / 2 0 0 8
Transaction ID: SA11.987271
 Amount of Each Receipt this Period 40000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. MILTON B. MYERS
 Mailing Address 5850 OAK STREET
 City State Zip Code
 HOLLYWOOD FL 33021-1515
 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 ▼ 5000.00
 Date of Receipt M M / D D / Y Y Y Y Y
 0 6 / 1 2 / 2 0 0 8
Transaction ID: SA11.1055286
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. SEYMOUR C. NASH
 Mailing Address 4302 ALTON ROAD
 SUITE 670
 City State Zip Code
 MIAMI BEACH FL 33140-2877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation UROLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt M M / D D / Y Y Y Y Y
 0 6 / 1 2 / 2 0 0 8
Transaction ID: SA11.1055310
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 46000.00
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 / 111
(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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
MR. ANITA NASSER

Mailing Address 4005 NE 34TH AVENUE

City State Zip Code
FT LAUDERDALE FL 33308-6407

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 ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.1077904

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CHARLES E. NEWMAN

Mailing Address 707 E. COLONIAL DRIVE

City State Zip Code
ORLANDO FL 32803-4600

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

Name of Employer Occupation
NEWMAN & ASSOCIATES, P.A. C.P.A.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2008

Transaction ID: SA11.1055353

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. PHILIP F. NOHRR

Mailing Address 1800 W. HIBISUCS BLVD.
SUITE 138

City State Zip Code
MELBOURNE FL 32901-2624

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
06 / 16 / 2008

Transaction ID: SA11.1082400

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5300.00**

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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. ONAJITE O. OKOLOKO

Mailing Address 6022 N.W. 22ND AVENUE

City BOCA RATON State FL Zip Code 33496-3501

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

Name of Employer OCEAN AND OIL SERVICES Occupation C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 38500.00

Date of Receipt 06 / 12 / 2008

Transaction ID: SA11.1198512

Amount of Each Receipt this Period 40000.00

CONTRIBUTION

REFUNDED \$1,500.00 ON 06/-29/2008

B. Full Name (Last, First, Middle Initial)
MR. WALTER G. ORMAZABAL

Mailing Address 8191 NW 91ST TERRACE

City MEDLEY State FL Zip Code 33166-3555

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

Name of Employer PILAR SERVICES INC. Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 13 / 2008

Transaction ID: SA11.1077899

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

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

Mailing Address 3301 BAYSHORE BLVD.
UNIT 1803

City TAMPA State FL Zip Code 33629-8845

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 06 / 16 / 2008

Transaction ID: SA11.1083046

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 42000.00

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 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. ALAN C. PARKER

Mailing Address 151 N. VIRGINIA AVENUE

City State Zip Code
WINTER PARK FL 32789-3127

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
0	6	/	1	2	/	2	0	0	8

Transaction ID: SA11.1055294

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. GIRISH B. PATEL

Mailing Address 3507 BAYSHORE BLVD. NE

City State Zip Code
ST. PETERSBURG FL 33703-5511

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

Name of Employer SELF-EMPLOYED
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	0	8

Transaction ID: SA11.1078076

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CHERYL PEISACH

Mailing Address 7911 NW 21ST STREET

City State Zip Code
MIAMI FL 33122-1616

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 ▼
10000.00

Date of Receipt

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

Transaction ID: SA11.1055307

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **11500.00**

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 67 / 111
	<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. THOMAS A. PEPIN	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 4121 N. 50TH STREET	Transaction ID: SA11.1055311
	City State Zip Code TAMPA FL 33610-8002	Amount of Each Receipt this Period 1000.00
	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: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MR. RANDAL R. PERKINS	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 7620 N. CYPRESSHEAD DRIVE	Transaction ID: SA11.1198513
	City State Zip Code PARKLAND FL 33067	Amount of Each Receipt this Period 40000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation ASHBRIIT, INC. PRESIDENT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 10000.00	REFUNDED \$30,000.00 ON 06-29/2008

C.	Full Name (Last, First, Middle Initial) MRS. SAILY M. PERKINS	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 7620 N. CYPRESSHEAD DRIVE	Transaction ID: SA11.1055288
	City State Zip Code PARKLAND FL 33067	Amount of Each Receipt this Period 38500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HOMEMAKER HOMEMAKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 38500.00	

SUBTOTAL of Receipts This Page (optional)	79500.00
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 / 111
(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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
MR. MITCH PERMUY

Mailing Address 11207 BLUE HERON BLVD.

City SAINT PETERSBURG State FL Zip Code 33716-3721

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

Name of Employer POWER DESIGN INC. Occupation C.F.O.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 06 / 12 / 2008
Transaction ID: SA11.1055345
Amount of Each Receipt this Period: 10000.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. H. J. PFLEGER, JR.

Mailing Address 255 ALHAMBRA CIRCLE SUITE 600

City CORAL GABLES State FL Zip Code 33134-7404

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

Name of Employer PFLEGER FINANCIAL GROUP Occupation INSURANCE AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 13 / 2008
Transaction ID: SA11.1077923
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. D. SCOTT PLAKON

Mailing Address 210 ARCHERS POINT

City LONGWOOD State FL Zip Code 32779-9737

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

Name of Employer NATIONWIDE PUBLISHING COMPANY Occupation PRESIDENT/CHIEF EXECUTIVE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 27 / 2008
Transaction ID: SA11.1145259
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 11250.00

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 / 111
(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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
DR. GEORGE H. POPE

Mailing Address 1304 SPRING LAKE DRIVE

City State Zip Code
ORLANDO FL 32804-7127

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

Name of Employer Occupation
ORLANDO PLASTIC SURGERY CENTER PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2008

Transaction ID: SA11.1082425

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ANTHONY V. PUGLIESE, III

Mailing Address 101 PUGLIESE'S WAY SUITE 200

City State Zip Code
DELRAY BEACH FL 33444-3761

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 ▼
30000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2008

Transaction ID: SA11.910771

Amount of Each Receipt this Period
30000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN W. QUAINANCE

Mailing Address 333 LAS OLAS WAY APARTMENT 3105

City State Zip Code
FORT LAUDERDALE FL 33301-2390

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

Name of Employer Occupation
U.S.I.G., INC. EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2008

Transaction ID: SA11.1055355

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **33300.00**

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 / 111

(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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
DR. B. R. RAJU

Mailing Address **522 COLONIAL DRIVE**

City **BROOKSVILLE** State **FL** Zip Code **34601-1203**

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

Name of Employer **RAJU AND AMARCHAND** Occupation **DOCTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **06 / 12 / 2008**

Transaction ID: SA11.1055289

Amount of Each Receipt this Period **1000.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. ROXANN REESER

Mailing Address **253 HAMPDEN PLACE**

City **WINTER PARK** State **FL** Zip Code **32789-5770**

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

Name of Employer **CROSS FLORIDA MANAGEMENT CORPORATION** Occupation **BUSINESSMAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **06 / 16 / 2008**

Transaction ID: SA11.1082402

Amount of Each Receipt this Period **1000.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. OTTO J. REICH

Mailing Address **3922 N. GLEBE ROAD**

City **ARLINGTON** State **VA** Zip Code **22207-4340**

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

Name of Employer **OTTO REICH ASSOCIATES, LLC** Occupation **CONSULTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **30000.00**

Date of Receipt **05 / 14 / 2008**

Transaction ID: SA11.910769

Amount of Each Receipt this Period **30000.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **32000.00**

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 / 111
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
MR. RAYMOND A. REISER

Mailing Address 2204 E. CUMMING WOODS LANE

City Hendersonville State NC Zip Code 28739-8829

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

Name of Employer RAYMOND A. REISER & ASSOCIATES, P.A. Occupation ATTORNEY

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 500.00

Date of Receipt 06 / 13 / 2008

Transaction ID: SA11.1078103

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RICHARD M. RENDINA

Mailing Address 115 VALENCIA BLVD.

City Jupiter State FL Zip Code 33458-2727

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

Name of Employer RENDINA COMPANIES Occupation REAL ESTATE DEVELOPER

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 27 / 2008

Transaction ID: SA11.1145257

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C.

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

Mailing Address 2700 BAY AVENUE

City Miami Beach State FL Zip Code 33140-4227

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

Name of Employer SELF-RESNICAR & ASSOC. Occupation REAL ESTATE INVESTOR & MANAGEMENT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 2300.00

Date of Receipt 06 / 16 / 2008

Transaction ID: SA11.1083049

Amount of Each Receipt this Period 2300.00

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 72 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. JOSE A. REY

Mailing Address 8527 CHICKASAW FARMS LANE

City State Zip Code
ORLANDO FL 32825-8425

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

Name of Employer REY GROUP Occupation CONSULTANT

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	8

Transaction ID: SA11.1145267
 Amount of Each Receipt this Period
 2300.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CARLOS J. REYES, JR.

Mailing Address 5121 THOROUGHbred LANE

City State Zip Code
SOUTHWEST RANCHES FL 33330-2404

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

Date of Receipt

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

Transaction ID: SA11.1055295
 Amount of Each Receipt this Period
 5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DONALD RICCI

Mailing Address 3503 OCEAN DRIVE

City State Zip Code
VERO BEACH FL 32963-1622

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

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

Date of Receipt

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

Transaction ID: SA11.1082408
 Amount of Each Receipt this Period
 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 7800.00

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 73 / 111
(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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
MRS. NADJA RICCI

Mailing Address 3503 OCEAN DRIVE

City State Zip Code
VERO BEACH FL 32963-1622

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11.1082430

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ARTHUR H. RICE

Mailing Address 101 NE 3RD AVENUE

City State Zip Code
FORT LAUDERDALE FL 33301-1162

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

Name of Employer Occupation
RICE, PUGATCH, ROBINSON AND SCHILLER ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11.1078097

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. HEATH RITENOUR

Mailing Address 2141 ALAQUA DRIVE

City State Zip Code
LONGWOOD FL 32779-3119

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

Name of Employer Occupation
I.O.A. INSURANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11.1077916

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **26500.00**

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 74 / 111
(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

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 VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. JOHN K. RITENOUR

Mailing Address 2165 ALAQUA DRIVE

City State Zip Code
LONGWOOD FL 32779-3119

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

Name of Employer Occupation
INSURANCE OFFICE OF AMERICA INSURANCE EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3600.00**

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2008

Transaction ID: SA11.1077915

Amount of Each Receipt this Period
3600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID H. RITTER

Mailing Address 8127 SIQUITA DR NE

City State Zip Code
SAINT PETERSBURG FL 33702-2764

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

Name of Employer Occupation
GLOBAL INVESTMENT RECOVERY, INC. PRESIDENT & C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2008

Transaction ID: SA11.1077900

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DANIEL RIVLIN

Mailing Address 4302 ALTON ROAD
SUITE 960

City State Zip Code
MIAMI BEACH FL 33140-2890

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
06 / 12 / 2008

Transaction ID: SA11.1055302

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5600.00**

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 75 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. OWEN J. ROBERTS
Mailing Address P.O. BOX 1168
City State Zip Code
BELLEAIR BLUFFS FL 33779-1168
FEC ID number of contributing federal political committee. **C**
Name of Employer C.F.C. Occupation C.E.O.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2300.00
Date of Receipt: 05 / 29 / 2008
Transaction ID: SA11.987265
Amount of Each Receipt this Period: 2300.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. SUSAN E. ROBERTS
Mailing Address P.O. BOX 1168
City State Zip Code
BELLEAIR BLUFFS FL 33770-2649
FEC ID number of contributing federal political committee. **C**
Name of Employer C.F.C. Occupation EXECUTIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2300.00
Date of Receipt: 05 / 29 / 2008
Transaction ID: SA11.987266
Amount of Each Receipt this Period: 2300.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ANN RODGERS
Mailing Address 3735 LAKE BUYNAC ROAD
City State Zip Code
WINDERMERE FL 34786-7709
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation ATTORNEY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 06 / 12 / 2008
Transaction ID: SA11.1055351
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

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: (check only one)	PAGE 76 / 111
	<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 FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER R. P. RODGERS

Mailing Address 555 PALM WAY

City State Zip Code
GULF STREAM FL 33483-7330

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 ▼ 1000.00

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

Transaction ID: SA11.1083043

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRIS ROMANDETTI

Mailing Address 2240 FRONT STREET
UNIT 104

City State Zip Code
MELBOURNE FL 32901-7509

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 ▼ 30000.00

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

Transaction ID: SA11.1082415

Amount of Each Receipt this Period
30000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. MANUEL S. ROSE

Mailing Address 14334 EAGLE POINTE DRIVE

City State Zip Code
CLEARWATER FL 33762-2214

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

Name of Employer Occupation
ROSE RADIOLOGY CENTERS, INC. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4600.00

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

Transaction ID: SA11.1083058

Amount of Each Receipt this Period
4600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **35600.00**

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 77 / 111
	<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 FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. JEFFREY H. ROSEN	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 3201 NE 183 STREET SUITE 2208	Transaction ID: SA11.1145265
	City AVENTURA State FL Zip Code 33160-2896	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer TRIANGLE FINANCIAL SERVICES Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 10000.00	

B.	Full Name (Last, First, Middle Initial) DR. ROBERT L. ROTHBARD	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 2000 VIA TUSCANY	Transaction ID: SA11.1055352
	City WINTER PARK State FL Zip Code 32789-1558	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00	

C.	Full Name (Last, First, Middle Initial) MS. KIMBERLY ROTHSTEIN	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 2308 CASTILLA ISLE	Transaction ID: SA11.1198515
	City FORT LAUDERDALE State FL Zip Code 33301-1502	Amount of Each Receipt this Period 70000.00
	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) <input type="checkbox"/> Aggregate Year-to-Date 43100.00	REFUNDED \$26,900.00 ON 06-29/2008

SUBTOTAL of Receipts This Page (optional)	81000.00
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 78 / 111
	<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. FRANK RUDMAN	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 13105 BISCAYNE BAY DRIVE	Transaction ID: SA11.1078099
	City State Zip Code NORTH MIAMI FL 33181-6038	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SPORTAILOR INC. C. E. O. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) MRS. HAVA RYWLIN	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 108 W. DILIDO DRIVE	Transaction ID: SA11.1055303
	City State Zip Code MIAMI BEACH FL 33139-1170	Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) MR. ROBERT P. SALTSMAN	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 222 S. PENNSYLVANIA	Transaction ID: SA11.1082427
	City State Zip Code WINTER PARK FL 32790-2146	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation ROST SANTSMANN P.A. ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	6300.00
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 79 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. DANIEL SARGEANT

Mailing Address 2101 SPANISH RIVER ROAD

City State Zip Code
BOCA RATON FL 33432-8552

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

Name of Employer Occupation
TRIGEANT LTD. VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2008

Transaction ID: SA11.1055279

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MADELYN SARGEANT

Mailing Address 2101 SPANISH RIVER ROAD

City State Zip Code
BOCA RATON FL 33432-8552

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 ▼ 25000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2008

Transaction ID: SA11.1055278

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SOLOMON F. SCHICK

Mailing Address 210 N. WYMORE ROAD

City State Zip Code
WINTER PARK FL 32789-3455

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: SA11.1145261

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **50250.00**

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 80 / 111
(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 VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. BRIAN D. SCHWARTZ

Mailing Address 1250 HARBOR COURT

City State Zip Code
HOLLYWOOD FL 33019-5030

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 ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2008

Transaction ID: SA11.1083075

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WESLEY D. SCOVANNER

Mailing Address 1855 BEAR CREEK COVE

City State Zip Code
LONGWOOD FL 32779-2755

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

Name of Employer INSURANCE OFFICE OF AMERICA, INC.
Occupation CHIEF FINANCIAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2008

Transaction ID: SA11.1145260

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 690097

City State Zip Code
ORLANDO FL 32869-0097

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

Name of Employer SELF-EMPLOYED
Occupation PRESIDENT / CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2008

Transaction ID: SA11.910770

Amount of Each Receipt this Period
30000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **41000.00**

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 81 / 111
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. BRENT W. SEMBLER

Mailing Address THE SEMBLER CENTER
5858 CENTRAL AVENUE

City SAINT PETERSBURG State FL Zip Code 33707-1728

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

Name of Employer THE SEMBLER COMPANY Occupation REAL ESTATE EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

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

Transaction ID: SA11.1082395

Amount of Each Receipt this Period
20000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GHULAM R. SHAHNAMI

Mailing Address 2167 TALMAN MEWS COURT

City WINTER PARK State FL Zip Code 32792-6333

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

Name of Employer S.G.M. ENGINEERING Occupation ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: SA11.1082377

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 2307 LAKESIDE DRIVE

City ORLANDO State FL Zip Code 32803-1517

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

Name of Employer SHUFFIELD, LOWMAN, P.A. Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

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

Transaction ID: SA11.1082380

Amount of Each Receipt this Period
30000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **51000.00**

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 82 / 111
	<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. LAWRENCE H. SIZELER	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 12708 WATERBURY LANE	Transaction ID: SA11.1055298
	City State Zip Code TAMPA FL 33618-3103	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation PRUDENTIAL SECURITIES STOCK BROKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MR. BARRETT B. SMITH	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 315 S. PLANT AVENUE	Transaction ID: SA11.1077898
	City State Zip Code TAMPA FL 33606-2325	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED SPORTS MARKETING CONSULTANT	
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. GRANT J. SMITH	Date of Receipt MM / DD / YYYY 06 / 04 / 2008
	Mailing Address 1201 SE 5TH COURT	Transaction ID: SA11.1021381
	City State Zip Code FORT LAUDERDALE FL 33301-3007	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation R.R.A. ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	3250.00
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 83 / 111
(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 VICTORY FLORIDA

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

Mailing Address 520 MIDDLE RIVER DRIVE

City State Zip Code
FORT LAUDERDALE FL 33304-3606

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
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11.1145256

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JOANNE M. SNEAD

Mailing Address 1701 SE 10TH STREET

City State Zip Code
FORT LAUDERDALE FL 33316-1423

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 ▼ 1500.00

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

Transaction ID: SA11.1083048

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARK K. SNEAD

Mailing Address 1701 SE 10TH STREET

City State Zip Code
FORT LAUDERDALE FL 33316-1423

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 ▼ 1500.00

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

Transaction ID: SA11.1082388

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3250.00

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 84 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. STEVEN L. SOMMERS

Mailing Address 1975 E. SUNRISE BLVD.
SUITE 760

City State Zip Code
FORT LAUDERDALE FL 33304-1461

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 ▼
1000.00

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

Transaction ID: SA11.1082393

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. NICHOLAS J. ST. GEORGE

Mailing Address 971 GEORGIA AVENUE

City State Zip Code
WINTER PARK FL 32789-2606

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 ▼
2300.00

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

Transaction ID: SA11.1082378

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. VAL M. STEELE

Mailing Address 325 FIFTH AVENUE

City State Zip Code
INDIALANTIC FL 32903-4273

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

Name of Employer THE STEELE GROUP
Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11.1078102

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 85 / 111
	<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

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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. HAROLD Z. STEINBRENNER	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 1 STEINBRENNER DRIVE	Transaction ID: SA11.1055344
	City State Zip Code TAMPA FL 33614-7064	Amount of Each Receipt this Period 12300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation NEW YORK YANKEES GENERAL PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12300.00	

B.	Full Name (Last, First, Middle Initial) MR. STEVEN M. STOLL	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 710 NE 24TH WAY	Transaction ID: SA11.1078081
	City State Zip Code FORT LAUDERDALE FL 33304-3527	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation STOLL & ORCHARD LAWYER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) MS. KATHRYN ALEXANDER STOVER	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 1009 HILLSBORO MILE	Transaction ID: SA11.1077911
	City State Zip Code HILLSBORO BEACH FL 33062-2204	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	24600.00
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 86 / 111
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
MRS. BEVERLY STRACHER

Mailing Address 12131 N.W. 10TH STREET

City State Zip Code
CORAL SPRINGS FL 33071-5002

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11.987263

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DONALD K. STRUBE, JR.

Mailing Address 734 RUGBY STREET

City State Zip Code
ORLANDO FL 32804-4969

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 ▼ 5000.00

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

Transaction ID: SA11.1082414

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DONALD K. STRUBE, SR.

Mailing Address P.O. BOX 190

City State Zip Code
WINDERMERE FL 34786-0190

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 ▼ 5000.00

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

Transaction ID: SA11.1083066

Amount of Each Receipt this Period
5000.00

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 87 / 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. RICHARD K. STRUBE		Date of Receipt
	Mailing Address P.O. BOX 198		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	WINDERMERE	FL	34786-0198
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.1082416
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
CONTRIBUTION			

B.	Full Name (Last, First, Middle Initial) T. W. STRUBE		Date of Receipt
	Mailing Address P.O. BOX 848		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	GOTHA	FL	34734-0848
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.1082417
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
CONTRIBUTION			

C.	Full Name (Last, First, Middle Initial) MS. CLAIRE SUDLER		Date of Receipt
	Mailing Address 13796 RIVOLI DRIVE		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	PALM BEACH GARDENS	FL	33410-1256
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11.987268
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="43100.00"/>	<input type="text" value="43100.00"/>
CONTRIBUTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="53100.00"/>
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 88 / 111
(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 VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MRS. EILEEN F. SUDLER

Mailing Address 19700 BEACH ROAD

City State Zip Code
TEQUESTA FL 33469-3802

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

Name of Employer SUDLER MANAGEMENT CORPORATION Occupation ATTORNEY

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 43100.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: SA11.1145270

Amount of Each Receipt this Period
43100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PETER D. SUDLER

Mailing Address 19700 BEACH ROAD

City State Zip Code
TEQUESTA FL 33469-3802

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

Name of Employer SUDLER MANAGEMENT CORPORATION Occupation REAL ESTATE DEVELOPER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 43100.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: SA11.1145272

Amount of Each Receipt this Period
43100.00

CONTRIBUTION

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

Mailing Address P.O. BOX 739

City State Zip Code
TAMPA FL 33601-0739

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30800.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: SA11.1024520

Amount of Each Receipt this Period
30800.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **117000.00**

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 89 / 111
	<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. ROBERTO SZERER		Date of Receipt
	Mailing Address 1250 E. HALLANDALE BEACH #404		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	HALLANDALE	FL	33009-4624
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SZERER HOLDINGS		Occupation PRESIDENT	Transaction ID: SA11.1077908
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
CONTRIBUTION			

B.	Full Name (Last, First, Middle Initial) DR. JOHN P. TAGGART		Date of Receipt
	Mailing Address 2525 OAK ISLAND POINTE		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	ORLANDO	FL	32809-3586
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer EAR NOSE THROAT SURGICAL ASSOCIATES, P		Occupation PHYSICIAN	Transaction ID: SA11.1082420
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
CONTRIBUTION			

C.	Full Name (Last, First, Middle Initial) MR. JEFFREY L. TEDDER		Date of Receipt
	Mailing Address 1209 BAYSHORE BLVD.		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	TAMPA	FL	33606-2901
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.1083065
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
CONTRIBUTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2500.00"/>
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 90 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

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

Mailing Address 404 BLANCA AVENUE

City State Zip Code
TAMPA FL 33606-3632

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

Name of Employer Occupation
TERRY & DATO ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1083057

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HOWARD A. TESCHER

Mailing Address 755 NW 101 TERRACE

City State Zip Code
PLANTATION FL 33324

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

Name of Employer Occupation
LRGI ATTY/MEDIATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.1077901

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DON THIEL

Mailing Address 1087 A1A

City State Zip Code
HILLSBORO BEACH FL 33062-2166

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

Name of Employer Occupation
CARPENTER CONTRACTORS OF AMERICA C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 12000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.1078079

Amount of Each Receipt this Period
12000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 14250.00

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 91 / 111
	<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 FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. PHILIP ERNEST TIEDTKE	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 1760 GAINES WAY	Transaction ID: SA11.1077914
	City State Zip Code WINTER PARK FL 32789-1468	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer EASTGATE FARMS INC. Occupation REAL ESTATE AGRICULTURE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00	

B.	Full Name (Last, First, Middle Initial) MR. HENRY TORRES	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 9405 OLD CUTLER LANE	Transaction ID: SA11.1077940
	City State Zip Code CORAL GABLES FL 33156-2244	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer ASTOR COMPANIES Occupation DEVELOPER 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) MRS. NILDA TORRES	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 9405 OLD CUTLER LANE	Transaction ID: SA11.1077929
	City State Zip Code CORAL GABLES FL 33156-2244	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	10500.00
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 92 / 111
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MR. THOMAS L. TURNBERGER

Mailing Address 263 JACARANDA DRIVE

City State Zip Code
PLANTATION FL 33324-2541

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

Name of Employer COLONIAL BANK Occupation COMMERCIAL BANKING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11.1082389

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CARL J. TUTERA

Mailing Address 357 OCEAN SHORE BLVD.

City State Zip Code
ORMOND BEACH FL 32176-5738

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
 0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11.1082398

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HAL R. VALECHE

Mailing Address 128 VIERA DR

City State Zip Code
PALM BEACH GARDENS FL 33418-1741

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

Name of Employer RAILAMERICA INC. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11.1083069

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: (check only one)	PAGE 93 / 111
	<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 FLORIDA

A.	Full Name (Last, First, Middle Initial) MR. R. VAN BOGAN	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 2456 VIA SIENNA	Transaction ID: SA11.1082399
	City State Zip Code WINTER PARK FL 32789-1381	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation FLORIDA BANK OF COMMERCE BANKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MR. E. HARDY VAUGHN, JR.	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address P.O. BOX 532017	Transaction ID: SA11.1055350
	City State Zip Code ORLANDO FL 32853-2017	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation THE VAUGHN GROUP, INC. INSURANCE AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) DR. OTTO MIGUEL VEGA	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 9514 S.W. 125TH TERRACE	Transaction ID: SA11.1055339
	City State Zip Code MIAMI FL 33176-5050	Amount of Each Receipt this Period 43100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation BAPTIST HEALTH SYSTEMS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 43100.00	

SUBTOTAL of Receipts This Page (optional)	44100.00
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 94 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MICHAEL K. WEST

Mailing Address 16408 MILLAN DE AVILA

City State Zip Code
TAMPA FL 33613-1087

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

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

Transaction ID: SA11.1055292

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. HEATHER A. WHIRLEY

Mailing Address 300 BEACH DRIVE NE #2602

City State Zip Code
ST. PETERSBURG FL 33701-3468

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
0	6	/	1	3	/	2	0	0	8

Transaction ID: SA11.1077910

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

Mailing Address 10750 SPRING STREET

City State Zip Code
LARGO FL 33774-4337

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

Name of Employer CASTLE A WOSELEY COMPANY
Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

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

Transaction ID: SA11.993592

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **19300.00**

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 95 / 111
(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 VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
MS. SHARA WHITE

Mailing Address 170 WHITE OAK CIRCLE

City State Zip Code
MAITLAND FL 32751-4827

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

Name of Employer Occupation
ABBOTT LABORATORIES PHARMACEUTICAL SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.1077931

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LEONARD A. WIEN, JR.

Mailing Address 3005 FLAMINGO DRIVE

City State Zip Code
MIAMI BEACH FL 33140-3918

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

Name of Employer Occupation
WIEN FAMILY HOLDINGS L.P. INVESTMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.1077909

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. TIMOTHY A. WILLIAMS

Mailing Address 200 S. MAYA PALM DRIVE

City State Zip Code
BOCA RATON FL 33432-7927

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: SA11.1083059

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5600.00**

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 96 / 111
	<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MS. CAROLYN M. WILSON	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 9201 GUNN HIGHWAY	Transaction ID: SA11.1083053
	City State Zip Code ODESSA FL 33556-3265	Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MR. JORGE WOLDENBERG	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 20803 BISCAYNE BLVD. #502	Transaction ID: SA11.1078069
	City State Zip Code MIAMI FL 33180-1432	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer CORPAC STEEL PRODUCTS	Occupation STEEL PRODUCTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

C.	Full Name (Last, First, Middle Initial) MR. BERNARD WOLFSON	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 1508 SAN IGNACIO AVENUE SUITE 150	Transaction ID: SA11.1145268
	City State Zip Code CORAL GABLES FL 33146-3069	Amount of Each Receipt this Period 2300.00
	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 ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	13300.00
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 97 / 111

(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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
MR. JON C. YERGLER

Mailing Address 215 N. EOLA DRIVE

City State Zip Code
ORLANDO FL 32801-2028

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

Name of Employer Occupation
LOWNDES DROSDICK ATTORNEY

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

Date of Receipt

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

Transaction ID: SA11.1055347

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ISAAC ZELGER

Mailing Address 9999 COLLINS AVENUE # 18K

City State Zip Code
BAL HARBOUR FL 33154-1847

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

Name of Employer Occupation
ISACO INTERNALTION CORPOR- INFORMATION REQUESTED PER BEST EFFORTS
ATION

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

Date of Receipt

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

Transaction ID: SA11.1083062

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MYLES PROPERTIES, L.L.C.

Mailing Address 12540 PARK AVENUE

City State Zip Code
WINDERMERE FL 34786-7608

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
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11.1145856

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

SUBTOTAL of Receipts This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

2227950.00

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

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

FOR LINE NUMBER: PAGE 98 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
GRAYROBINSON, P.A. PAC

Mailing Address 301 E. PINE STREET
SUITE 1400

City State Zip Code
ORLANDO FL 32801-2741

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

FEC ID number of contributing federal political committee. **C** C00224790

Transaction ID: SA11.1145496

Amount of Each Receipt this Period
5000.00

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
OUTBACK STEAKHOUSE, INC. PAC

Mailing Address 2202 N. WEST SHORE BLVD.
FLOOR 5

City State Zip Code
TAMPA FL 33607-5747

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

FEC ID number of contributing federal political committee. **C** C00253153

Transaction ID: SA11.1145497

Amount of Each Receipt this Period
25000.00

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **30000.00**

TOTAL This Period (last page this line number only) ► **30000.00**

**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)

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<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS-MERCHANT	Transaction ID: SB.17 Date of Disbursement
	Mailing Address PO BOX 53582	<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City PHOENIX State AZ Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement MERCHANT FEES	<input type="text" value="10813.65"/>
	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) CHAIN BRIDGE BANK	Transaction ID: SB.2 Date of Disbursement
	Mailing Address 1445-A LAUGHLIN AVE.	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="30.00"/>
	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) CHAIN BRIDGE BANK	Transaction ID: SB.3 Date of Disbursement
	Mailing Address 1445-A LAUGHLIN AVE.	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="45.00"/>
	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="10888.65"/>
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)

PAGE 100 / 111

<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB.21 Date of Disbursement 06 / 15 / 2008
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 4550.00
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement COMPLIANCE/RECEIPTS PROCESSING	
	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) EDONATION	Transaction ID: SB.27 Date of Disbursement 05 / 29 / 2008
	Mailing Address 118 N. ST. ASAPH ST.	Amount of Each Disbursement this Period 720.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement CREDIT CARD PROCESSING	
	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) EDONATION	Transaction ID: SB.28 Date of Disbursement 06 / 05 / 2008
	Mailing Address 118 N. ST. ASAPH ST.	Amount of Each Disbursement this Period 585.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement CREDIT CARD PROCESSING	
	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)	5855.00
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 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 VICTORY FLORIDA

<p>A. Full Name (Last, First, Middle Initial) EDONATION</p> <p>Mailing Address 118 N. ST. ASAPH ST.</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement CREDIT CARD PROCESSING</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.29</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4014.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) EDONATION</p> <p>Mailing Address 118 N. ST. ASAPH ST.</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement CREDIT CARD PROCESSING</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.30</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11.25"/></p>
<p>C. Full Name (Last, First, Middle Initial) GERLINDE PHOTOGRAPHY</p> <p>Mailing Address 6756 STIRLING RD.</p> <p>City HOLLYWOOD State FL Zip Code 33024</p> <p>Purpose of Disbursement JFC EVENT CATERING</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="06"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4526.66"/></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)

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<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) HIGH PERFORMANCE DESIGNS	Transaction ID: SB.10 Date of Disbursement
	Mailing Address 16600 NW 54TH AVE., UNIT 22	<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="2008"/>
	City MIAMI State FL Zip Code 33014	Amount of Each Disbursement this Period
	Purpose of Disbursement JFC EVENT PRODUCTION	<input type="text" value="1658.00"/>
	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) HUCKABY DAVIS LISKER, INC.	Transaction ID: SB.1 Date of Disbursement
	Mailing Address 228 S. WASHINGTON ST., STE. 115	<input type="text" value="06"/> <input type="text" value="15"/> / <input type="text" value="2008"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement ACCOUNTING/COMPLIANCE SERVICES	<input type="text" value="4044.74"/>
	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) JUNGLE ISLAND	Transaction ID: SB.8 Date of Disbursement
	Mailing Address 1111 PARROT JUNGLE TRAIL	<input type="text" value="06"/> <input type="text" value="23"/> / <input type="text" value="2008"/>
	City MIAMI State FL Zip Code 33132	Amount of Each Disbursement this Period
	Purpose of Disbursement JFC EVENT CATERING	<input type="text" value="13470.00"/>
	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)

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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MAJORITY STRATEGIES	Transaction ID: SB.19 Date of Disbursement
	Mailing Address 135 PROFESSIONAL DR., STE. 104	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City PONTE VEDRA BEACH State FL Zip Code 32082	Amount of Each Disbursement this Period
	Purpose of Disbursement JFC PRINTING	<input type="text" value="1703.91"/>
	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) MAJORITY STRATEGIES	Transaction ID: SB.22 Date of Disbursement
	Mailing Address 135 PROFESSIONAL DR., STE. 104	<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City PONTE VEDRA BEACH State FL Zip Code 32082	Amount of Each Disbursement this Period
	Purpose of Disbursement JFC FUNDRAISING CONSULTING/TRAVEL	<input type="text" value="44392.16"/>
	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) MASTERCARD/VISA-MERCHANT	Transaction ID: SB.18 Date of Disbursement
	Mailing Address 1445-A LAUGHLIN AVE.	<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement MERCHANT FEES	<input type="text" value="1814.60"/>
	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="47910.67"/>
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 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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) MILANO STRATEGIES LLC	Transaction ID: SB.4
	Mailing Address 138 EAST ASTOR CIRCLE	Date of Disbursement 05 / 19 / 2008
	City DELRAY BEACH State FL Zip Code 33484	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement JFC FUNDRAISING CONSULTING	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) MILANO STRATEGIES LLC	Transaction ID: SB.5
	Mailing Address 138 EAST ASTOR CIRCLE	Date of Disbursement 06 / 15 / 2008
	City DELRAY BEACH State FL Zip Code 33484	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement JFC FUNDRAISING CONSULTING	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) NEW ENGLAND BUSINESS SERVICE	Transaction ID: SB.24
	Mailing Address PO BOX 88042	Date of Disbursement 06 / 06 / 2008
	City CHICAGO State IL Zip Code 60680	Amount of Each Disbursement this Period 97.50
	Purpose of Disbursement OFFICE SUPPLIES	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)	30097.50
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 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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) RENAISSANCE HOTEL-VINOY Mailing Address 501 FIFTH AVE., NE City ST. PETERSBURG State FL Zip Code 33701 Purpose of Disbursement JFC EVENT SITE RENTAL 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: SB.12 Date of Disbursement 06 / 03 / 2008 Amount of Each Disbursement this Period 19691.44 Category/Type
B.	Full Name (Last, First, Middle Initial) RENAISSANCE HOTEL-VINOY Mailing Address 501 FIFTH AVE., NE City ST. PETERSBURG State FL Zip Code 33701 Purpose of Disbursement JFC EVENT CATERING 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: SB.9 Date of Disbursement 06 / 11 / 2008 Amount of Each Disbursement this Period 4432.38 Category/Type
C.	Full Name (Last, First, Middle Initial) ROSEN SHINGLE CREEK Mailing Address 9939 UNIVERSAL BLVD. City ORLANDO State FL Zip Code 32819 Purpose of Disbursement JFC EVENT SITE RENTAL 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: SB.13 Date of Disbursement 06 / 03 / 2008 Amount of Each Disbursement this Period 20658.87 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

44782.69

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 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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) ST. REGIS RESORT-FT. LAUDERDALE	Transaction ID: SB.14 Date of Disbursement
	Mailing Address 1 N. FORT LAUDERDALE BLVD.	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City FORT LAUDERDALE State FL Zip Code 33304	Amount of Each Disbursement this Period
	Purpose of Disbursement JFC EVENT SITE RENTAL	<input type="text" value="34243.97"/>
	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) WOODS HERBERGER GROUP	Transaction ID: SB.23 Date of Disbursement
	Mailing Address 4027 S. LEJEUNE RD.	<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City CORAL GABLES State FL Zip Code 33146	Amount of Each Disbursement this Period
	Purpose of Disbursement JFC FUNDRAISING CONSULTING/TRAVEL	<input type="text" value="20968.10"/>
	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) WOODS HERBERGER GROUP	Transaction ID: SB.25 Date of Disbursement
	Mailing Address 4027 S. LEJEUNE RD.	<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City CORAL GABLES State FL Zip Code 33146	Amount of Each Disbursement this Period
	Purpose of Disbursement JFC TRAVEL	<input type="text" value="1897.71"/>
	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="57109.78"/>
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 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 VICTORY FLORIDA

A. Full Name (Last, First, Middle Initial)
WOODS HERBERGER GROUP

Mailing Address 4027 S. LEJEUNE RD.

City State Zip Code
CORAL GABLES FL 33146

Purpose of Disbursement
JFC TRAVEL
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB.26
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
WOODS HERBERGER GROUP

Mailing Address 4027 S. LEJEUNE RD.

City State Zip Code
CORAL GABLES FL 33146

Purpose of Disbursement
JFC FUNDRAISING CONSULTING
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB.6
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)

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<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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 COMPLIANCE COMMITTEE	Transaction ID: SB.15 Date of Disbursement
	Mailing Address PO BOX 16118	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS	<input type="text" value="135829.45"/>
	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 INC.	Transaction ID: SB.16 Date of Disbursement
	Mailing Address PO BOX 16118	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS	<input type="text" value="197586.44"/>
	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) REPUBLICAN PARTY OF FLORIDA	Transaction ID: SB.11 Date of Disbursement
	Mailing Address 420 E. JEFFERSON ST.	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City TALLAHASSEE State FL Zip Code 32301	Amount of Each Disbursement this Period
	Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS	<input type="text" value="404132.55"/>
	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="737548.44"/>
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 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 VICTORY FLORIDA

A.

Full Name (Last, First, Middle Initial)
REPUBLICAN NATIONAL COMMITTEE

Transaction ID: SB.20

Date of Disbursement

Mailing Address 310 FIRST ST., SE

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

City State Zip Code
WASHINGTON DC 20003

Amount of Each Disbursement this Period

538429.51

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) ▶

538429.51

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

1275977.95

**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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) BENJAMIN LEON, JR.	Transaction ID: SB28A.1198514 Date of Disbursement
	Mailing Address 11501 SW 40TH STREET	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City MIAMI State FL Zip Code 33165-3731	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="10000.00"/>
	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) ONAJITE O. OKOLOKO	Transaction ID: SB28A.1198512 Date of Disbursement
	Mailing Address 6022 N.W. 22ND AVENUE	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City BOCA RATON State FL Zip Code 33496-3501	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="1500.00"/>
	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) RANDAL R. PERKINS	Transaction ID: SB28A.1198513 Date of Disbursement
	Mailing Address 7620 N. CYPRESSHEAD DRIVE	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City PARKLAND State FL Zip Code 33067	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="30000.00"/>
	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="41500.00"/>
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 VICTORY FLORIDA

A.	Full Name (Last, First, Middle Initial) KIMBERLY ROTHSTEIN		Transaction ID: SB28A.1198515	
	Mailing Address 2308 CASTILLA ISLE		Date of Disbursement 06 / 29 / 2008	
	City FORT LAUDERDALE	State FL	Zip Code 33301-1502	Amount of Each Disbursement this Period 26900.00
	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)	▶	26900.00
TOTAL This Period (last page this line number only)	▶	68400.00