

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. BENNETT LEBOW	Date of Receipt MM / DD / YYYY 05 / 14 / 2008
	Mailing Address 5203 FISHER ISLAND DRIVE	<b>Transaction ID:</b> 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. <b>C</b>	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>B.</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	<b>Transaction ID:</b> 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. <b>C</b>	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	

<b>C.</b>	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	<b>Transaction ID:</b> 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. <b>C</b>	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	REFUNDED \$10,000.00 ON 06- /29/2008

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>116200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	