

**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 60 / 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. BRAD MEIER	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 847 TYLER STREET	Transaction ID: SA11.1083070
	City State Zip Code HOLLYWOOD FL 33019-1326	Amount of Each Receipt this Period 12100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer: UNIVERSAL INSURANCE HOLDINGS, INC. Occupation: CHIEF EXECUTIVE OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 12100.00	

B.	Full Name (Last, First, Middle Initial) MR. JULIO E. MENDEZ	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 1865 79TH STREET CRESCENTWAY	Transaction ID: SA11.1055340
	City State Zip Code NORTH BAY VILLAGE FL 33141	Amount of Each Receipt this Period 43100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer: LEON MEDICAL CENTERS Occupation: ADVERTISING EXECUTIVE 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) LAURANS A. MENDELSON	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 3518 BAYSHORE VILLA DRIVE	Transaction ID: SA11.1077932
	City State Zip Code MIAMI FL 33133-3254	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer: HEICO CORPORATION Occupation: EXECUTIVE 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)	57500.00
TOTAL This Period (last page this line number only)	