

# 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 07 01 2008 through 09 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 10 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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MCCAIN VICTORY FLORIDA

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

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		0.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	669950.01									
(c) Total Receipts (from Line 19) .....	871814.27	3131479.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1541764.28	3131479.27								
7. Total Disbursements (from Line 31) .....	1230871.29	2820586.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	310892.99	310892.99								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

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	846950.00	3074900.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	370.00	2085.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	847320.00	3076985.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	1000.00	31000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	848320.00	3107985.00
12. Transfers From Affiliated/Other Party Committees .....	22400.00	22400.00
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) .....	1094.27	1094.27
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)) .....	871814.27	3131479.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	871814.27	3131479.27

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	341786.70	587123.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	341786.70	587123.74
22. Transfers to Affiliated/Other Party Committees.....	836584.59	2112562.54
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 .....	52500.00	120900.00
(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)) .....	52500.00	120900.00
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))..	1230871.29	2820586.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1230871.29	2820586.28

**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) .....	848320.00	3107985.00
34. Total Contribution Refunds (from Line 28(d)) .....	52500.00	120900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	795820.00	2987085.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	341786.70	587123.74
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1094.27	1094.27
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	340692.43	586029.47

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 57  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) DR. THOMAS M. ANDREWS</p> <p>Mailing Address 2171 OCEANVIEW DRIVE</p> <p>City State Zip Code <b>TIERRA VERDE FL 33715-2513</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation SELF-EMPLOYED SURGEON</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">4600.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 13 / 2008</span></p> <p><b>Transaction ID: SA11.1495203</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">4600.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) MS. ELIZABETH L. BACARDI</p> <p>Mailing Address 10 EDGEWATER DRIVE APARTMENT 15A</p> <p>City State Zip Code <b>CORAL GABLES FL 33133-6968</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation HOMEMAKER HOMEMAKER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">40800.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2008</span></p> <p><b>Transaction ID: SA11.2337936</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">40800.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) MR. FACUNDO BACARDI</p> <p>Mailing Address 10 EDGEWATER DRIVE APARTMENT 15A</p> <p>City State Zip Code <b>CORAL GABLES FL 33133-6968</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation BACARDI RUM OWNER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">40800.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2008</span></p> <p><b>Transaction ID: SA11.2337935</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">40800.00</span></p> <p><b>CONTRIBUTION</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;"><b>86200.00</b></span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 / 57
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOHN M. BARRETT	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 10824 NORTH DALE MABRY HWY. FIRST CITRUS BANK	<b>Transaction ID:</b> SA11.1496666
	City Tampa State FL Zip Code 33618-4142	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer FIRST CITRUS BANK Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT BERNSTEIN	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 830 SW 12TH AVENUE SUITE 201	<b>Transaction ID:</b> SA11.2337937
	City POMPANO BEACH State FL Zip Code 33069-4530	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer SPECTRUM HEALTH Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. EILEEN B. BROOKS	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 6365 SW 110TH STREET	<b>Transaction ID:</b> SA11.1497628
	City PINECREST State FL Zip Code 33156-4065	Amount of Each Receipt this Period 15000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer PHOENIX AMERICAN Occupation ACCOUNTS PAYABLE MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 15000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>16500.00</b>
<b>TOTAL</b> 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 8 / 57
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NAME OF COMMITTEE (In Full)  
MCCAIN VICTORY FLORIDA

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. R. STEVEN BROOKS	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 6365 S.W. 110TH STREET	Transaction ID: SA11.1497626
	City State Zip Code PINECREST FL 33156-4065	Amount of Each Receipt this Period 35000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation PHOENIX AMERICAN INSURANCE GROUP PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 35000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. STEVEN G. BURTON	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 4110 HIGHLAND PARK CIR	Transaction ID: SA11.1497638
	City State Zip Code LUTZ FL 33558-5305	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation BROAD AND CASSEL ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) S. L. CAMPION	Date of Receipt MM / DD / YYYY 07 / 16 / 2008
	Mailing Address 3040 NE 46TH STREET	Transaction ID: SA11.1275860
	City State Zip Code FORT LAUDERDALE FL 33308-5316	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation BANAYAN AIR SERVICE 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>SUBTOTAL</b> of Receipts This Page (optional) .....	37000.00
<b>TOTAL</b> 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 9 / 57  
(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. MARSHALL M. CHERNIN

Mailing Address 17949 CACHET ISLE DRIVE

City State Zip Code  
TAMPA FL 33647-2703

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

Name of Employer Occupation  
CENTRAL BEEF INDUSTRY L.L.C. CORPORATE OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
08 / 13 / 2008

Transaction ID: SA11.1496668

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. JOHN W. COLLINS

Mailing Address 227 N. LAKE HARTRIDGE DRIVE

City State Zip Code  
WINTER HAVEN FL 33881-9543

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

Name of Employer Occupation  
U.S.T. ENIRONMENTAL SERVICES INC. BUSINESS OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
07 / 16 / 2008

Transaction ID: SA11.1275861

Amount of Each Receipt this Period: 5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. STEVEN D. COSLER

Mailing Address 1137 TOM GURNEY DRIVE

City State Zip Code  
WINTER PARK FL 32789-1212

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  
07 / 16 / 2008

Transaction ID: SA11.1275863

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

**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 10 / 57
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. BRIAN D'ISERNIA	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 3605 DELWOOD DRIVE	<b>Transaction ID:</b> SA11.1497633
	City State Zip Code PANAMA CITY BEACH FL 32408-7404	Amount of Each Receipt this Period 40000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation EASTERN SHIPBUILDING GROUP PRESIDENT/OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. MIRIAM A. D'ISERINA	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address P.O. BOX 960	<b>Transaction ID:</b> SA11.1497657
	City State Zip Code PANAMA CITY FL 32402-0960	Amount of Each Receipt this Period 40000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS SCHOOL TEACHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. CARLOS DE LA CRUZ	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 5 HARBOR POINT	<b>Transaction ID:</b> SA11.2337934
	City State Zip Code KEY BISCAAYNE FL 33149-1715	Amount of Each Receipt this Period 25000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation C.C.1 COMPANY CHAIRMAN OF THE BOARD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>105000.00</b>
<b>TOTAL</b> 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 11 / 57  
(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. STEPHEN C. DIACO

Mailing Address 6409 BAYSHORE BLVD.

City State Zip Code  
TAMPA FL 33611-5311

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  

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

**Transaction ID:** SA11.1497622

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. LINDA D. DLOUHY

Mailing Address P.O. BOX 40

City State Zip Code  
ODESSA FL 33556-0040

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 ▼  
1150.00

Date of Receipt  

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

**Transaction ID:** SA11.1497663

Amount of Each Receipt this Period  
1150.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. ROBERT J. DLOUHY

Mailing Address P.O. BOX 40

City State Zip Code  
ODESSA FL 33556-0040

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 ▼  
3450.00

Date of Receipt  

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

**Transaction ID:** SA11.1497642

Amount of Each Receipt this Period  
1150.00

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: PAGE 12 / 57

(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 J. DLOUHY

Mailing Address P.O. BOX 40

City State Zip Code  
ODESSA FL 33556-0040

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 ▼ 3450.00

Date of Receipt

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

Transaction ID: SA11.1497643

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. KEDRICK EARL DURDEN

Mailing Address 2605 THOMAS DRIVE

City State Zip Code  
PANAMA CITY BEACH FL 32408-6240

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

Name of Employer Occupation  
RAIL MANAGEMENT CORP. CHAIRMAN AND CHIEF EXECUTIVE OFFICER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 40000.00

Date of Receipt

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

Transaction ID: SA11.1497656

Amount of Each Receipt this Period

40000.00

CONTRIBUTION

**C.**

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

Mailing Address 1805 TENNESSEE AVENUE

City State Zip Code  
LYNN HAVEN FL 32444-4222

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

Name of Employer Occupation  
FINCH CONSTRUCTION CONTRACTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 40000.00

Date of Receipt

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

Transaction ID: SA11.1497655

Amount of Each Receipt this Period

40000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

82300.00

**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 13 / 57  
(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. JOSEPHINE V. FLAHERTY

Mailing Address 12316 MANDARIN ROAD

City JACKSONVILLE State FL Zip Code 32223-1892

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: 08 / 31 / 2008  
**Transaction ID:** SA11.2117061  
 Amount of Each Receipt this Period: 500.00  
**CONTRIBUTION**

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

Mailing Address 8127 SIQUITA DR. NE

City ST. PETERSBURG State FL Zip Code 33702-2764

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

Name of Employer GLOBAL INVESTMENT RECOVERY Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 11000.00

Date of Receipt: 08 / 07 / 2008  
**Transaction ID:** SA11.1461723  
 Amount of Each Receipt this Period: 10000.00  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
DR. JILLIAN M. GLASS

Mailing Address 17006 ABASTROS DE AVILA

City TAMPA State FL Zip Code 33613-5214

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 ▼ 500.00

Date of Receipt: 08 / 13 / 2008  
**Transaction ID:** SA11.1495212  
 Amount of Each Receipt this Period: 500.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11000.00

**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 / 57
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. GARY M. GOULD	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 13009 COMMUNITY CAMPUS DRIVE	Transaction ID: SA11.1497641
	City State Zip Code TAMPA FL 33625-4000	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	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. GARY S. GRAY	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 2700 UNIVERSITY BLVD. WEST BUILDING B.	Transaction ID: SA11.1497659
	City State Zip Code JACKSONVILLE FL 32217-2147	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INSURANCE OFFICE OF AMERICA Occupation SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. BRYAN GREENBERG	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 11 BAYMONT STREET UNIT 902	Transaction ID: SA11.1495210
	City State Zip Code CLEARWATER BEACH FL 33767-1720	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer H&B INSURANCE FINANCIAL, INC. Occupation INSURANCE SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> 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 15 / 57
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JEFFREY L. GREENACRE	Date of Receipt MM / DD / YYYY 07 / 16 / 2008
	Mailing Address 4131 GUNN HIGHWAY	<b>Transaction ID:</b> SA11.1275864
	City State Zip Code TAMPA FL 33618-8725	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer COREENACRE PROPERTIES, INC.	Occupation BUSINESS OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. CHARLES GUESS	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 505 OLD GROVE DRIVE	<b>Transaction ID:</b> SA11.1497652
	City State Zip Code LUTZ FL 33548-4480	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer KEY IMPACT	Occupation SCHOOL BID SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. SUSAN A. GUESS	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 505 OLD GROVE DRIVE	<b>Transaction ID:</b> SA11.1497664
	City State Zip Code LUTZ FL 33548-4480	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer HILLEL SCHOOL	Occupation OPERATIONS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>10500.00</b>
<b>TOTAL</b> 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 16 / 57
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT S. HAFT	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 1410 SIESTA DRIVE	Transaction ID: SA11.1495201
	City State Zip Code SARASOTA FL 34239-5817	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation MERCEDES MEDICAL, INC. EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. GARY M. HOCK	Date of Receipt MM / DD / YYYY 07 / 16 / 2008
	Mailing Address 4321 MEDICAL PARK DRIVE SUITE 100	Transaction ID: SA11.1275854
	City State Zip Code DURHAM NC 27704-2199	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation COM HOCK CONSTRUCTION INC. REAL ESTATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL J. JACKSON	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 110 SE 6TH STREET	Transaction ID: SA11.2337939
	City State Zip Code FORT LAUDERDALE FL 33301-5005	Amount of Each Receipt this Period 25000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation AUTO NATION CHAIRMAN & CHIEF EXECUTIVE OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	31000.00
<b>TOTAL</b> 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 / 57
	(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**

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. RONALD C. JOHNSON	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 2270 NORTH SCENIC HIGHWAY	<b>Transaction ID:</b> SA11.1497654
	City State Zip Code BABSON PARK FL 33827-9737	Amount of Each Receipt this Period 20000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
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 ▼ 20000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. WALTER D. JOHNSON	Date of Receipt MM / DD / YYYY 09 / 24 / 2008
	Mailing Address 806 DEER WOODS ROAD	<b>Transaction ID:</b> SA11.2315944
	City State Zip Code CELEBRATION FL 34747-4259	Amount of Each Receipt this Period 4600.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer JOHNSON BROS	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MARTIN JONES	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 2839 PACES FERRY ROAD	<b>Transaction ID:</b> SA11.1162133
	City State Zip Code ATLANTA GA 30339-3774	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer INSURANCE OFFICE OF AMERICA	Occupation INSURANCE SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>25600.00</b>
<b>TOTAL</b> 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 / 57  
(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. CHRIS KENT

Mailing Address 7017 PELICAN ISLAND DRIVE

City State Zip Code  
TAMPA FL 33634-7422

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

Name of Employer I.D.S.T.C. Occupation SOFTWARE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
08 / 13 / 2008

Transaction ID: SA11.1497639

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. ROBERT KORNAHRENS

Mailing Address 1950 N.W. 22ND STREET

City State Zip Code  
FORT LAUDERDALE FL 33311-2939

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

Name of Employer ADVANCED ROOFING, INC. Occupation PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 12500.00

Date of Receipt: MM / DD / YYYY  
07 / 16 / 2008

Transaction ID: SA11.1275853

Amount of Each Receipt this Period: 12500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. DWIGHT O. LANKFORD

Mailing Address 16024 MUIRFIELD DRIVE

City State Zip Code  
ODESSA FL 33556-2860

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

Name of Employer A.B.C. STAFFING Occupation OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
08 / 13 / 2008

Transaction ID: SA11.1497647

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 13750.00

**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 19 / 57  
(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. ROBIN M. LANKFORD

Mailing Address 16024 MUIRFIELD DRIVE

City ODESSA State FL Zip Code 33556-2860

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation BUSINESS OWNER

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 13 / 2008

Transaction ID: SA11.1497644

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. ROBIN M. LANKFORD

Mailing Address 16024 MUIRFIELD DRIVE

City ODESSA State FL Zip Code 33556-2860

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation BUSINESS OWNER

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 13 / 2008

Transaction ID: SA11.1497645

Amount of Each Receipt this Period 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MS. JAMIE A. MACBRYDE

Mailing Address 534 LADRONE AVENUE

City TAMPA State FL Zip Code 33606-4002

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation HOMEMAKER

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

Date of Receipt 08 / 13 / 2008

Transaction ID: SA11.1496669

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 20 / 57

(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. RICHARD D. MANDT

Mailing Address 116 ADALIA AVENUE

City State Zip Code  
TAMPA FL 33606-3304

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

Name of Employer Occupation  
SELF EQUITY INVESTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11.1497623

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL E. MAROONE

Mailing Address 909 POINCIANA DRIVE

City State Zip Code  
FORT LAUDERDALE FL 33301-2713

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

Name of Employer Occupation  
AUTO NATION EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11.2337938

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. CHARLOTTE MASON

Mailing Address 2247 DONATO DRIVE

City State Zip Code  
BELLEAIR BEACH FL 33786-3400

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 8 / 1 3 / 2 0 0 8

Transaction ID: SA11.1495209

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

27250.00

**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 / 57

(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. JOSEPH C. MASON

Mailing Address 2247 DONATO DRIVE

City State Zip Code  
BELLEAIR BEACH FL 33786-3400

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 8 / 1 3 / 2 0 0 8

Transaction ID: SA11.1495215

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
DR. FREDERICK MCCLIMAN

Mailing Address 40 BAHAMA CIRCLE

City State Zip Code  
TAMPA FL 33606-3318

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

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

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

Date of Receipt

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

Transaction ID: SA11.1495204

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MS. JULIANNE C. MCKEEL

Mailing Address 3106 WEST SUNSET DRIVE

City State Zip Code  
TAMPA FL 33629-5208

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 ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.1665499

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**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 22 / 57
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. TIMOTHY MEENAN	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 9646 DEER VALLEY DRIVE	Transaction ID: SA11.1497632
	City State Zip Code TALLAHASSEE FL 32312-4245	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation BLANK & MEENAN, P.A. ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. GARY L. MILLER	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 130 FERNBROOK ROAD	Transaction ID: SA11.1497630
	City State Zip Code OLDSMAR FL 34677-2065	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation FREEMON & MILLER P.A. ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. BOBBY L. MOORE	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 4860 LAKE JULIANA RESERVE DRIVE	Transaction ID: SA11.1497658
	City State Zip Code AUBURNDALE FL 33823-5102	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation B&M CONSTRUCTION PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<b>TOTAL</b> 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 / 57  
(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. WILLIAM MICHAEL MOORE

Mailing Address 942 HANOVER WAY

City State Zip Code  
LAKELAND FL 33813-2677

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

Name of Employer Occupation  
BOBB, L MOORE PROPERTY MA- LAWYER  
NAGEMENT INC

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

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

Transaction ID: SA11.1497660

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. LESLIE M. MUMA

Mailing Address 100 PALMETTO ROAD

City State Zip Code  
BELLEAIR FL 33756-1428

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 10000.00

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

Transaction ID: SA11.1497662

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. PAMELA S. MUMA

Mailing Address 100 PALMETTO ROAD

City State Zip Code  
BELLEAIR FL 33756-1428

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) ▼ 10000.00

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

Transaction ID: SA11.1497624

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **20500.00**

**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 / 57
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. C. B. MYERS, III	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 1277 BRIGGS ROAD	<b>Transaction ID:</b> SA11.1497653
	City State Zip Code BABSON PARK FL 33827-9772	Amount of Each Receipt this Period 20000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer SELF EMPLOYED Occupation ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 20000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. AVIS LEE NEIMAN	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 2931 WEST MORSE AVENUE	<b>Transaction ID:</b> SA11.1497661
	City State Zip Code CHICAGO IL 60645-2931	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	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	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. BERNIE NEUMARK	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 101 B. CAROLYN BLVD.	<b>Transaction ID:</b> SA11.1495208
	City State Zip Code FARMINGDALE NY 11735-1542	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer FIRST COMMEMORATIVE MINT Occupation C.E.O. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>20750.00</b>
<b>TOTAL</b> 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 / 57
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. WILLIAM F. OHRT		Date of Receipt
	Mailing Address 10107 PARLEY DRIVE		<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	TAMPA	FL	33626-5406
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11.1497646
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>B.</b>	Full Name (Last, First, Middle Initial) MR. JOHN W. OSTERWEIL		Date of Receipt
	Mailing Address 120 MARTINIQUE AVENUE		<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	TAMPA	FL	33606-4049
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MEMORABILIA MAGIC		Occupation AUTOGRAPHS FOR CHARITY	Transaction ID: SA11.1497650
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			

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ROCCO PAGLIARULO		Date of Receipt
	Mailing Address 16103 VILLARREAL DE AVILLA		<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	TAMPA	FL	33613-5225
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SUN COUNTRY		Occupation BUSINESS OWNER	Transaction ID: SA11.1495207
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			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> 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: (check only one)	PAGE 26 / 57
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JAMES R. PALMER	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 2201 PENNINSULA COURT	<b>Transaction ID:</b> SA11.1497631
	City State Zip Code LONGWOOD FL 32779	Amount of Each Receipt this Period 40000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation PALMER REIFLER & ASSOC ATTORNEY	SEE REATTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JAMES R. PALMER	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 2201 PENNINSULA COURT	<b>Transaction ID:</b> SA11.1497631B
	City State Zip Code LONGWOOD FL 32779	Amount of Each Receipt this Period -35000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation PALMER REIFLER & ASSOC ATTORNEY	<b>[MEMO ITEM]</b> REATTRIBUTION TO SPOUSE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. LISA PALMER	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 2201 PENNINSULA COURT	<b>Transaction ID:</b> SA11.2335225
	City State Zip Code LONGWOOD FL 32779	Amount of Each Receipt this Period 35000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	<b>[MEMO ITEM]</b> REATTRIBUTION FROM SPOUSE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	40000.00
<b>TOTAL</b> 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 27 / 57
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NAME OF COMMITTEE (In Full)  
MCCAIN VICTORY FLORIDA

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD PARRILLO	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 150 WEST EUGENIE TERRACE	<b>Transaction ID:</b> SA11.1497634
	City State Zip Code CHICAGO IL 60614-5839	Amount of Each Receipt this Period 38500.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation UNITED AUTO INS GROUP INSURANCE SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 38500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD L. PEARSALL	Date of Receipt MM / DD / YYYY 07 / 16 / 2008
	Mailing Address R.R. 4 BOX 625	<b>Transaction ID:</b> SA11.1275857
	City State Zip Code DALLAS PA 18612-9273	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation VENTURE ASSOCIATES CORPOR- CHAIRMAN ATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. THOMAS F. PETWAY, III	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 375 ATLANTIC BLVD. SUITE 200	<b>Transaction ID:</b> SA11.2214405
	City State Zip Code ATLANTIC BEACH FL 32233-5277	Amount of Each Receipt this Period 40000.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation ZURICH INSURANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12300.00	REFUNDED \$27,700.00 ON 08- /29/2008

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	79500.00
<b>TOTAL</b> 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 / 57  
(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. GEORGE R. PIRONTI, JR.  
Mailing Address 19010 COUR ESTATES

City State Zip Code  
LUTZ FL 33558-2857

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

Name of Employer Occupation  
MAINSAIL INSURANCE SOLUTIONS INSURANCE OWNER

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

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2008

Transaction ID: SA11.1496670  
Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. ALICE ROSENTHAL  
Mailing Address 4106 CARROLWOOD VILLAGE DRIVE

City State Zip Code  
TAMPA FL 33618-8608

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

Name of Employer Occupation  
PEDIATRICIAN OFFICE MANAGER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2008

Transaction ID: SA11.1495216  
Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. STANLEY ROSENTHAL  
Mailing Address 4106 CARROLWOOD VILLAGE DRIVE

City State Zip Code  
TAMPA FL 33618-8608

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2008

Transaction ID: SA11.1495206  
Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 29 / 57  
(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
							17

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NAME OF COMMITTEE (In Full)  
MCCAIN VICTORY FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
MR. JACK M. ROSS

Mailing Address 15403 LAKE MAGDALENE BLVD.

City State Zip Code  
TAMPA FL 33613-1005

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  
MM / DD / YYYY  
08 / 13 / 2008

Transaction ID: SA11.1497640

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. REBECCA J. SCOTT

Mailing Address 251 W. COCONUT PALM ROAD

City State Zip Code  
BOCA RATON FL 33432-7996

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 ▼  
43100.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2008

Transaction ID: SA11.2214401

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

REFUNDED \$6,900.00 ON 08/-29/2008

**C.**

Full Name (Last, First, Middle Initial)  
DR. STEVEN M. SCOTT

Mailing Address 251 WEST COCONUT PALM ROAD

City State Zip Code  
BOCA RATON FL 33432-7996

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

Name of Employer SCOTT HOLDINGS  
Occupation CHAIRMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
43100.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2008

Transaction ID: SA11.2214404

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

REFUNDED \$6,900.00 ON 08/-29/2008

**SUBTOTAL** of Receipts This Page (optional) ..... ► **101000.00**

**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 30 / 57
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. DAYLE L. SENEFF	Date of Receipt MM / DD / YYYY 07 / 16 / 2008
	Mailing Address P.O. BOX 4920	<b>Transaction ID:</b> SA11.1275858
	City State Zip Code ORLANDO FL 32802-4920	Amount of Each Receipt this Period 4600.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	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 ▼ 4600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. DONNA M. SHIVELY	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 5745 SW 75TH STREET 368	<b>Transaction ID:</b> SA11.1497649
	City State Zip Code GAINESVILLE FL 32608-5504	Amount of Each Receipt this Period 43100.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation TOWER HILL INSURANCE GROU- P, INC. CEO	
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. DAVID SHPILBERG	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 20155 NE 38TH COURT APARTMENT 901	<b>Transaction ID:</b> SA11.1162132
	City State Zip Code AVENTURA FL 33180-3249	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation BAIN & COMPANY MANAGEMENT CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>50000.00</b>
<b>TOTAL</b> 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 / 57

(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. JOHN PETER SKIRKANICH

Mailing Address 10620 ETON WAY

City State Zip Code  
VERO BEACH FL 32963-9437

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 ▼ 40800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2008

Transaction ID: SA11.1275855

Amount of Each Receipt this Period

40800.00

CONTRIBUTION

**B.**

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

Mailing Address 2875 NE 191TH STREET  
SUITE 304

City State Zip Code  
AVENTURA FL 33180-2806

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

Name of Employer Occupation  
STOK & ASSOCIATES P.A. ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2008

Transaction ID: SA11.1162129

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ARTHUR F. TAIT, JR.

Mailing Address 5109 SE 4TH STREET

City State Zip Code  
OCALA FL 34471-3304

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

Name of Employer Occupation  
VENTURE ASSOCIATES CORPORATION PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2008

Transaction ID: SA11.1275856

Amount of Each Receipt this Period

1100.00

CONTRIBUTION

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

42650.00

**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 / 57  
(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 TAUB

Mailing Address 1135 ABBEYS WAY

City State Zip Code  
TAMPA FL 33602-5958

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  
MM / DD / YYYY  
08 / 13 / 2008

Transaction ID: SA11.1495213

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. WAYNE VEITCH

Mailing Address 3225 CALLIE COURT

City State Zip Code  
GREEN COVE SPRINGS FL 32043-9593

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

Name of Employer RING POWER CORP.  
Occupation MANAGER VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2008

Transaction ID: SA11.1275862

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. SALOMON WAINBERG

Mailing Address 5502 AVENUE DE SOLED

City State Zip Code  
LUTZ FL 33508

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  
MM / DD / YYYY  
08 / 13 / 2008

Transaction ID: SA11.1495211

Amount of Each Receipt this Period  
500.00

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: PAGE 33 / 57  
(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. MARION G. WELLS

Mailing Address 2100 S. OCEAN DRIVE  
SKY HARBOUR EAST APARTMENT 4G

City State Zip Code  
FORT LAUDERDALE FL 33316-3806

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  
07 / 01 / 2008

Transaction ID: SA11.1162130

Amount of Each Receipt this Period  
2300.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. RICHARD A. WOOLF

Mailing Address 5069 WATERS EDGE WAY

City State Zip Code  
COOPER CITY FL 33330-2620

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

Name of Employer Occupation  
WOOLF FINANCIAL FINANCIAL PLANNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 13 / 2008

Transaction ID: SA11.1496667

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. CHRISTEL YAFFE

Mailing Address 707 BERROCALES DE AVILA

City State Zip Code  
TAMPA FL 33613-1099

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  
08 / 13 / 2008

Transaction ID: SA11.1497636

Amount of Each Receipt this Period  
2300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4850.00**

**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 / 57	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MARK S. YAFFE		Date of Receipt																					
	Mailing Address 707 BERROCALES DE AVILA		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		1	3		2	0	0	8														
	City State Zip Code TAMPA FL 33613-1099		Transaction ID: SA11.1497637																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00																						
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																						

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	846950.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 35 / 57	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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
---

<b>A.</b>	Full Name (Last, First, Middle Initial) BAYPAC		Date of Receipt																					
	Mailing Address P.O. BOX 271082		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		1	3		2	0	0	8														
	City	State	Zip Code		<b>Transaction ID:</b> SA11.1495412																			
	TAMPA	FL	33688-1082																					
FEC ID number of contributing federal political committee.		<input type="checkbox"/> <b>C</b> C00155713		Amount of Each Receipt this Period																				
Name of Employer		Occupation		<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00	<b>CONTRIBUTION</b>																			
1000.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00
1000.00			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00
1000.00			

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 36 / 57	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<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) REPUBLICAN NATIONAL COMMITTEE		Date of Receipt
Mailing Address 310 FIRST STREET SE		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
City	State	Zip Code
WASHINGTON	DC	20003
FEC ID number of contributing federal political committee.	<input type="text" value="C00003418"/>	Transaction ID: SA12.C002
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="22400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	DISTRIBUTION CORRECTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="22400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<input type="text" value="22400.00"/>
TOTAL This Period (last page this line number only) .....	<input type="text" value="22400.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 / 57	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) MCCAIN VICTORY FLORIDA
---

<b>A.</b>	Full Name (Last, First, Middle Initial) ROSEN SHINGLE CREEK RESORT	Date of Receipt
	Mailing Address 9840 INTERNATIONAL DRIVE	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City State Zip Code ORLANDO FL 32819	<b>Transaction ID:</b> SA15.C001
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="1094.27"/>
	Name of Employer Occupation	REFUND
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1094.27"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1094.27"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1094.27"/>

# 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

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS-MERCHANT Mailing Address PO BOX 53582 City PHOENIX State AZ Zip Code 22314 Purpose of Disbursement MERCHANT FEES 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.34 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2008
	Category/Type Amount of Each Disbursement this Period 349.65	

<b>B.</b> Full Name (Last, First, Middle Initial) CHERYL SEINFELD Mailing Address 3254 NEWBERRY BLVD. City TALLAHASSEE State FL Zip Code 32311 Purpose of Disbursement JFC TRAVEL 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.45 Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2008
	Category/Type Amount of Each Disbursement this Period 123.48	

<b>C.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement RECEIPTS PROCESSING/COMPLIANCE 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.2 Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2008
	Category/Type Amount of Each Disbursement this Period 2650.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3123.13
<b>TOTAL</b> 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) CMDI	Transaction ID: SB.3 Date of Disbursement
	Mailing Address 7704 LEESBURG PIKE	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement RECEIPTS PROCESSING/COMPLIANCE	<input type="text" value="2915.50"/>
	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) CMDI	Transaction ID: SB.32 Date of Disbursement
	Mailing Address 7704 LEESBURG PIKE	<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement MERCHANT FEES	<input type="text" value="8429.50"/>
	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) CMDI	Transaction ID: SB.44 Date of Disbursement
	Mailing Address 7704 LEESBURG PIKE	<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement RECEIPTS PROCESSING/COMPLIANCE	<input type="text" value="2633.56"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13978.56"/>
<b>TOTAL</b> 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 40 / 57

<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><b>A.</b> Full Name (Last, First, Middle Initial) DANE EAGLE</p> <p>Mailing Address 121 N. MONROE ST., #1401</p> <p>City TALLAHASSEE State FL Zip Code 32301</p> <p>Purpose of Disbursement JFC TRAVEL</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><b>Transaction ID:</b> SB.48</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1294.90"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DAVID BROWNING</p> <p>Mailing Address 1430 MARION AVE.</p> <p>City TALLAHASSEE State FL Zip Code 32303</p> <p>Purpose of Disbursement JFC FUNDRAISING CONSULTING</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><b>Transaction ID:</b> SB.11</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DAVID BROWNING</p> <p>Mailing Address 1430 MARION AVE.</p> <p>City TALLAHASSEE State FL Zip Code 32303</p> <p>Purpose of Disbursement JFC FUNDRAISING CONSULTING</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><b>Transaction ID:</b> SB.41</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23599.97"/></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)

<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

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) EDONATION	Transaction ID: SB.53 Date of Disbursement 08 / 07 / 2008
	Mailing Address 118 N. ST. ASAPH ST.	Amount of Each Disbursement this Period 450.00
	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:	

B.	Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB.54 Date of Disbursement 09 / 24 / 2008
	Mailing Address 118 N. ST. ASAPH ST.	Amount of Each Disbursement this Period 207.00
	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) GERLINDE PHOTOGRAPHY	Transaction ID: SB.21 Date of Disbursement 08 / 18 / 2008
	Mailing Address 6756 STIRLING RD.	Amount of Each Disbursement this Period 2866.99
	City HOLLYWOOD State FL Zip Code 33024	
	Purpose of Disbursement EVENT PHOTOGRAPHY	
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	3523.99
<b>TOTAL</b> 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) GERLINDE PHOTOGRAPHY	Transaction ID: SB.22 Date of Disbursement
	Mailing Address 6756 STIRLING RD.	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City HOLLYWOOD State FL Zip Code 33024	Amount of Each Disbursement this Period
	Purpose of Disbursement EVENT PHOTOGRAPHY	<input type="text" value="598.90"/>
	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) HILTON MIAMI AIRPORT & TOWERS	Transaction ID: SB.18 Date of Disbursement
	Mailing Address 5101 BLUE LAGOON DR.	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City MIAMI State FL Zip Code 33126	Amount of Each Disbursement this Period
	Purpose of Disbursement EVENT CATERING	<input type="text" value="1761.62"/>
	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) HILTON MIAMI AIRPORT & TOWERS	Transaction ID: SB.20 Date of Disbursement
	Mailing Address 5101 BLUE LAGOON DR.	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City MIAMI State FL Zip Code 33126	Amount of Each Disbursement this Period
	Purpose of Disbursement EVENT CATERING	<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) ▼

**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)

PAGE 43 / 57

<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) HUCKABY DAVIS LISKER, INC.	Transaction ID: SB.1 Date of Disbursement
	Mailing Address 228 S. WASHINGTON ST., STE. 115	<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement ACCOUNTING/COMPLIANCE	<input type="text" value="4011.26"/>
	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.4 Date of Disbursement
	Mailing Address 228 S. WASHINGTON ST., STE. 115	<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement ACCOUNTING/COMPLIANCE	<input type="text" value="4010.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) HUCKABY DAVIS LISKER, INC.	Transaction ID: SB.43 Date of Disbursement
	Mailing Address 228 S. WASHINGTON ST., STE. 115	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement ACCOUNTING/COMPLIANCE	<input type="text" value="4270.17"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12291.43"/>
<b>TOTAL</b> 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)

<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)  
INTEGRATED CAMPAIGN SOLUTIONS LLC

Mailing Address 526 DAROCO AVE.

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.8

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

10000.00

**B.** Full Name (Last, First, Middle Initial)  
KATHRYN WINKLER

Mailing Address 626 EDDY ST.

City BOCA RATON State FL Zip Code 33487

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.12

Date of Disbursement

08 / 27 / 2008

Amount of Each Disbursement this Period

1304.40

**C.** Full Name (Last, First, Middle Initial)  
KATHRYN WINKLER

Mailing Address 626 EDDY ST.

City BOCA RATON State FL Zip Code 33487

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.5

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

13804.40

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) KATHRYN WINKLER</p> <p>Mailing Address 626 EDDY ST.</p> <p>City BOCA RATON State FL Zip Code 33487</p> <p>Purpose of Disbursement JFC FUNDRAISING CONSULTING</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><b>Transaction ID:</b> SB.7</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) KRISTIN SEIDEL</p> <p>Mailing Address 3045 DICKINSON DR.</p> <p>City TALLAHASSEE State FL Zip Code 32311</p> <p>Purpose of Disbursement JFC TRAVEL</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><b>Transaction ID:</b> SB.47</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="255.05"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) LUKE'S COPY SHOP</p> <p>Mailing Address 2506 HYLAN BLVD.</p> <p>City STATEN ISLAND State NY Zip Code 10306</p> <p>Purpose of Disbursement JFC PRINTING</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><b>Transaction ID:</b> SB.37</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21599.13"/></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)

<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.35 Date of Disbursement
	Mailing Address 135 PROFESSIONAL DR., STE. 104	<input type="text" value="07"/> / <input type="text" value="02"/> / <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="4858.83"/>
	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) MAJORITY STRATEGIES	Transaction ID: SB.36 Date of Disbursement
	Mailing Address 135 PROFESSIONAL DR., STE. 104	<input type="text" value="07"/> / <input type="text" value="31"/> / <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="3480.80"/>
	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) MEREDITH O'ROURKE	Transaction ID: SB.46 Date of Disbursement
	Mailing Address 2118 EAST RANDOLPH CIRCLE	<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City TALLAHASSEE State FL Zip Code 32308	Amount of Each Disbursement this Period
	Purpose of Disbursement JFC TRAVEL	<input type="text" value="279.00"/>
	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 <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8618.63"/>
<b>TOTAL</b> 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)

<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.10 Date of Disbursement 08 / 11 / 2008
	Mailing Address 138 EAST ASTOR CIRCLE	Amount of Each Disbursement this Period 15000.00
	City DELRAY BEACH State FL Zip Code 33484	
	Purpose of Disbursement JFC FUNDRAISING CONSULTING 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) MILANO STRATEGIES LLC	Transaction ID: SB.13 Date of Disbursement 09 / 10 / 2008
	Mailing Address 138 EAST ASTOR CIRCLE	Amount of Each Disbursement this Period 69232.20
	City DELRAY BEACH State FL Zip Code 33484	
	Purpose of Disbursement JFC FUNDRAISING CONSULTING 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) MILANO STRATEGIES LLC	Transaction ID: SB.15 Date of Disbursement 09 / 18 / 2008
	Mailing Address 138 EAST ASTOR CIRCLE	Amount of Each Disbursement this Period 21320.00
	City DELRAY BEACH State FL Zip Code 33484	
	Purpose of Disbursement JFC FUNDRAISING CONSULTING 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	105552.20
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) MILANO STRATEGIES LLC <hr/> Mailing Address 138 EAST ASTOR CIRCLE <hr/> City DELRAY BEACH State FL Zip Code 33484 <hr/> Purpose of Disbursement JFC FUNDRAISING CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.16 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2008
	Amount of Each Disbursement this Period 15000.00
	Category/Type
	(Empty box for Category/Type)
<b>B.</b> Full Name (Last, First, Middle Initial) MILANO STRATEGIES LLC <hr/> Mailing Address 138 EAST ASTOR CIRCLE <hr/> City DELRAY BEACH State FL Zip Code 33484 <hr/> Purpose of Disbursement JFC FUNDRAISING CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.17 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2008
	Amount of Each Disbursement this Period 15980.00
	Category/Type
	(Empty box for Category/Type)
<b>C.</b> Full Name (Last, First, Middle Initial) MILANO STRATEGIES LLC <hr/> Mailing Address 138 EAST ASTOR CIRCLE <hr/> City DELRAY BEACH State FL Zip Code 33484 <hr/> Purpose of Disbursement JFC TRAVEL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.52 Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2008
	Amount of Each Disbursement this Period 1772.05
	Category/Type
	(Empty box for Category/Type)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	32752.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**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

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) MILANO STRATEGIES LLC  Mailing Address 138 EAST ASTOR CIRCLE  City DELRAY BEACH State FL Zip Code 33484  Purpose of Disbursement JFC FUNDRAISING CONSULTING 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.6 Date of Disbursement 07 / 17 / 2008  Amount of Each Disbursement this Period 15000.00  Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) NOVA INFO SYSTEM  Mailing Address 730 CHAPMAN HWY  City KNOXVILLE State TN Zip Code 37920  Purpose of Disbursement MERCHANT FEES 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.33 Date of Disbursement 09 / 03 / 2008  Amount of Each Disbursement this Period 136.72  Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) PROMPT MAILERS INC.  Mailing Address 66 WILLOW AVE.  City STATEN ISLAND State NY Zip Code 10305  Purpose of Disbursement JFC PRINTING 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.42 Date of Disbursement 08 / 15 / 2008  Amount of Each Disbursement this Period 18997.13  Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**34133.85**

**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) SYLVIA'S CATERING	Transaction ID: SB.19
	Mailing Address 780 1ST COURT	Date of Disbursement 08 / 25 / 2008
	City PALM HARBOR State FL Zip Code 34684	Amount of Each Disbursement this Period 2454.25
	Purpose of Disbursement EVENT CATERING	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) WOODS HERBERGER GROUP	Transaction ID: SB.14
	Mailing Address 4027 S. LEJEUNE RD.	Date of Disbursement 09 / 11 / 2008
	City CORAL GABLES State FL Zip Code 33146	Amount of Each Disbursement this Period 20000.00
	Purpose of Disbursement JFC FUNDRAISING CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WOODS HERBERGER GROUP	Transaction ID: SB.49
	Mailing Address 4027 S. LEJEUNE RD.	Date of Disbursement 07 / 19 / 2008
	City CORAL GABLES State FL Zip Code 33146	Amount of Each Disbursement this Period 5795.10
	Purpose of Disbursement JFC TRAVEL	Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>28249.35</b>
<b>TOTAL</b> 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)  
WOODS HERBERGER GROUP

Transaction ID: SB.50

Date of Disbursement

Mailing Address 4027 S. LEJEUNE RD.

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

City State Zip Code  
CORAL GABLES FL 33146

Amount of Each Disbursement this Period

4046.45
---------

Purpose of Disbursement  
JFC TRAVEL

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB.9

Date of Disbursement

Mailing Address 4027 S. LEJEUNE RD.

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

City State Zip Code  
CORAL GABLES FL 33146

Amount of Each Disbursement this Period

20000.00
----------

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
ZACHARY BURR

Transaction ID: SB.51

Date of Disbursement

Mailing Address 4027 S. LEJEUNE RD.

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

City State Zip Code  
CORAL GABLES FL 33146

Amount of Each Disbursement this Period

2573.09
---------

Purpose of Disbursement  
JFC TRAVEL

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

26619.54
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**TOTAL** This Period (last page this line number only) ..... ►

341786.70
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# 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 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 GENERAL ELECTION COMPLIANCE FUND

**Transaction ID:** SB.26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Mailing Address PO BOX 16118

Amount of Each Disbursement this Period

13561.07
----------

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement  
DISTRIBUTION OF NET PROCEEDS

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**B.** Full Name (Last, First, Middle Initial)  
JOHN MCCAIN 2008 INC.

**Transaction ID:** SB.29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Mailing Address PO BOX 16118

Amount of Each Disbursement this Period

10265.78
----------

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement  
DISTRIBUTION OF NET PROCEEDS

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**C.** Full Name (Last, First, Middle Initial)  
JOHN MCCAIN 2008 INC.

**Transaction ID:** SB.30

Date of Disbursement

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

Mailing Address PO BOX 16118

Amount of Each Disbursement this Period

74403.42
----------

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement  
DISTRIBUTION OF NET PROCEEDS

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

98230.27
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**TOTAL** This Period (last page this line number only) ..... ▶

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# 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 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 INC.  Mailing Address PO BOX 16118  City ARLINGTON State VA Zip Code 22215  Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS  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.31 Date of Disbursement 09 / 24 / 2008  Amount of Each Disbursement this Period 14076.95
B.	Full Name (Last, First, Middle Initial) MCCAIN-PALIN COMPLIANCE FUND  Mailing Address PO BOX 16118  City ARLINGTON State VA Zip Code 22215  Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS  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.27 Date of Disbursement 08 / 29 / 2008  Amount of Each Disbursement this Period 56749.90
C.	Full Name (Last, First, Middle Initial) MCCAIN-PALIN COMPLIANCE FUND  Mailing Address PO BOX 16118  City ARLINGTON State VA Zip Code 22215  Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS  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.28 Date of Disbursement 09 / 24 / 2008  Amount of Each Disbursement this Period 11764.64

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

82591.49

**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 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

<b>A.</b>	Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF FLORIDA  Mailing Address 420 E. JEFFERSON ST.  City TALLAHASSEE State FL Zip Code 32301  Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS  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.23 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2008  Amount of Each Disbursement this Period 17795.08
<b>B.</b>	Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF FLORIDA  Mailing Address 420 E. JEFFERSON ST.  City TALLAHASSEE State FL Zip Code 32301  Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS  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.24 Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2008  Amount of Each Disbursement this Period 193443.47
<b>C.</b>	Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF FLORIDA  Mailing Address 420 E. JEFFERSON ST.  City TALLAHASSEE State FL Zip Code 32301  Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS  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.25 Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2008  Amount of Each Disbursement this Period 37598.76

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	248837.31
<b>TOTAL</b> 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 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

Mailing Address 310 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
DISTRIBUTION OF NET PROCEEDS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.38

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

31260.50

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

Mailing Address 310 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
DISTRIBUTION OF NET PROCEEDS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.39

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

287983.23

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

Mailing Address 310 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
DISTRIBUTION OF NET PROCEEDS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.40

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

87681.79

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

406925.52

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

836584.59

**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 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)  
MR. RON K. BAILEY

Transaction ID: SB28A.1495235  
Date of Disbursement

Mailing Address 912 W. PLATT STREET

/   /

City TAMPA State FL Zip Code 33606-2114

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

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

B.

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

Transaction ID: SB28A.1649415  
Date of Disbursement

Mailing Address 590 REEF ROAD

/   /

City VERO BEACH State FL Zip Code 32963-2801

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)  
MR. THOMAS F. PETWAY, III

Transaction ID: SB28A.2214405  
Date of Disbursement

Mailing Address 375 ATLANTIC BLVD.  
SUITE 200

/   /

City ATLANTIC BEACH State FL Zip Code 32233-5277

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

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

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)

PAGE 57 / 57

<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)  
MRS. REBECCA J. SCOTT

Transaction ID: SB28A.2214401  
Date of Disbursement

Mailing Address 251 W. COCONUT PALM ROAD

MM / DD / YYYY  
08 / 29 / 2008

City BOCA RATON State FL Zip Code 33432-7996

Amount of Each Disbursement this Period

6900.00

Purpose of Disbursement  
CONTRIBUTION REFUND

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
DR. STEVEN M. SCOTT

Transaction ID: SB28A.2214404  
Date of Disbursement

Mailing Address 251 WEST COCONUT PALM ROAD

MM / DD / YYYY  
08 / 29 / 2008

City BOCA RATON State FL Zip Code 33432-7996

Amount of Each Disbursement this Period

6900.00

Purpose of Disbursement  
CONTRIBUTION REFUND

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

13800.00

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

52500.00