

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 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) 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) .....	