FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines. 12FE4M5

MCCAIN-PALIN COMPLIANCE FUND, INC.

ADDRESS (number and street)) c/o Caplin & Drysdale

One Thomas Circle, N.W

Check if different than previously reported. (ACC

Washington | DC | 20005

CITY | STATE | ZIP CODE

2. FEC IDENTIFICATION NUMBER ▶ C C00446104

3. **THIS REPORT IS FOR** Primary ☐ or General ☐

4. TYPE OF REPORT *(Choose One)*

Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

- ☒ April 15 (Q1)
- ☐ July 15 (Q2)
- ☐ October 15 (Q3)
- ☐ January 31 Year-End Report (YE)

Monthly Reports:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10))
- ☐ Nov 20 (M11)
- ☐ Dec 20 (M12)
- ☐ Jan 31 (YE)

☐ Thirtieth day report following the General Election on MM / DD / YYYY .

☐ Twelfth day report preceding ____ election on MM / DD / YYYY in the State of ____ .

Is this Report an Amendment? ☐ yes ☒ no

5. Covering Period 01 / 01 / 2013 through 03 / 31 / 2013

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 Joseph Schmuckler

Signature of Treasurer *Joseph Schmuckler* ***[Electronically Filed]*** Date 04 / 09 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of this form are obsolete and should no longer be used.

Office Use Only							

Write or Type Committee Name

MCCAIN-PALIN COMPLIANCE FUND, INC.

Report Covering the Period: From: 01/01/2013 To: 03/31/2013

SUMMARY

6.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1480096.51
7.	TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	1858.20
8.	SUBTOTAL (Lines 6 and 7)	1481954.71
9.	TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	1446974.75
10.	CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8	34979.96
11.	DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00
12.	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00
13.	EXPENDITURES SUBJECT TO LIMIITATION	0.00

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14.	NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	809.00
15.	NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	111388.99

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3P** (Rev. 03/2011)

NAME OF COMMITEE (in Full)
MCCAIN-PALIN COMPLIANCE FUND, INC.

Report Covering the Period: From: 01/01/2013 To: 03/31/2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	0.00	0.00
(ii) unitemized	0.00	0.00
(iii) Total contributions	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	0.00	0.00
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	1849.92	1849.92
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds,Rebates, etc.):		
(a) Operating	0.00	0.00
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	0.00
21. OTHER RECEIPTS (Dividends, Interest, etc.)	8.28	14396.25
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	1858.20	16246.17

DETAILED SUMMARY PAGE

FEC **Form 3P** (Rev. 03/2011) of Disbursements and Contributed Items

NAME OF COMMITEE (in Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

Report Covering the Period: From: 01/01/2013 To: 03/31/2013

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
23. OPERATING EXPENDITURES	71010.09	111388.99
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	1374536.07	1374536.07
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	-809.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	-809.00
29 OTHER DISBURSEMENTS	1428.59	2237.59
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	1446974.75	1487353.65

III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)		
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	

FEC FORM 3P,
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Office Use Only

1. **NAME OF COMMITTEE** (in full, type or print)

MCCAIN-PALIN COMPLIANCE FUND, INC.

2. **FEC IDENTIFICATION NUMBER** C C00446104

ADDRESS (number and street) c/o Caplin & Drysdale

One Thomas Circle, N.W

Washington (CITY) | DC (STATE) | 20005 – (ZIP CODE)

3. **NAME OF CANDIDATE**

ALLOCATION BY STATE

STATE	*ALLOCATION This Period*	*TOTAL ALLOCATION To Date*
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

Image# 13961276066

SCHEDULE A-P
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

☐ 16	☐ 17a	☐ 17b	☐ 17c	☐ 17d	☒ 18	
☐ 19a	☐ 19b	☐ 20a	☐ 20b	☐ 20c	☐ 21	

NAME OF COMMITTEE (In Full)
MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial)
MCCAIN VICTORY OHIO

Mailing Address 228 S WASHINGTON ST STE 115

City: ALEXANDRIA | State: VA | Zip Code: 22314

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Election Cycle-to-Date ▼ 1836.32

Transaction ID : SB18.1

Date of Receipt: 03 / 31 / 2013

TRANSFER FROM AUTHORIZED CMTEE

Amount of Each Receipt this Period: 1836.32

ALL DONORS PREVIOUSLY ITEMIZED

B. Full Name (Last, First, Middle Initial)
MCCAIN-PALIN VICTORY 2008

Mailing Address 228 S WASHINGTON ST STE 115

City: ALEXANDRIA | State: VA | Zip Code: 22314

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Election Cycle-to-Date ▼ 13.60

Transaction ID : SB18.2

Date of Receipt: 03 / 31 / 2013

TRANSFER FROM AUTHORIZED CMTEE

Amount of Each Receipt this Period: 13.60

ALL DONORS PREVIOUSLY ITEMIZED

C. Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period:

Subtotal Of Receipts This Page (optional) ▶ 1849.92

Total This Period (last page this line number only) ▶ 1849.92

Image# 13961276067

SCHEDULE A-P
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

☐ 16	☐ 17a	☐ 17b	☐ 17c	☐ 17d	☐ 18
☐ 19a	☐ 19b	☐ 20a	☐ 20b	☐ 20c	☒ 21

NAME OF COMMITTEE (In Full)
MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial)
JP MORGAN CHASE BANK

Mailing Address PO BOX 6076

City: NEWARK | State: DE | Zip Code: 19714

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Election Cycle-to-Date ▼ 14396.25

Transaction ID : SB21.1

Date of Receipt: 02 / 28 / 2013

INTEREST EARNINGS

Amount of Each Receipt this Period: 8.28

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional) ▶ 8.28

Total This Period (last page this line number only) ▶ 8.28

Image# 13961276068

SCHEDULE B–P
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

NAME OF COMMITTEE (In Full)
MCCAIN-PALIN COMPLIANCE FUND, INC.

A.
Full Name (Last, First, Middle Initial)
SALVATORE PURPURA
Mailing Address 2701 N OCEAN BLVD
City: FT LAUDERDALE | State: FL | Zip Code: 33308
Purpose of Disbursement: COMPLIANCE CONSULTING
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 / 02 / 2013
Transaction ID : SB23.3
Amount of Each Disbursement this Period: 9123.75

B.
Full Name (Last, First, Middle Initial)
ALLSTATE STORAGE
Mailing Address 4747 N 16TH ST
City: PHOENIX | State: AZ | Zip Code: 85016
Purpose of Disbursement: RENT
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 21 / 2013
Transaction ID : SB23.1
Amount of Each Disbursement this Period: 128.25

C.
Full Name (Last, First, Middle Initial)
ALLSTATE STORAGE
Mailing Address 4747 N 16TH ST
City: PHOENIX | State: AZ | Zip Code: 85016
Purpose of Disbursement: RENT
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 24 / 2013
Transaction ID : SB23.5
Amount of Each Disbursement this Period: 128.25

Subtotal Of Receipts This Page (optional) ▶ 9380.25

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

Image# 13961276069

SCHEDULE B–P
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

NAME OF COMMITTEE (In Full)
MCCAIN-PALIN COMPLIANCE FUND, INC.

A.
Full Name (Last, First, Middle Initial)
AON ASSOCIATION SERVICES
Mailing Address PO BOX 19584A
City NEWARK State NJ Zip Code 07195
Purpose of Disbursement: INSURANCE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 / 09 / 2013
Transaction ID : SB23.6
Amount of Each Disbursement this Period: 11400.00

B.
Full Name (Last, First, Middle Initial)
CAPLIN & DRYSDALE
Mailing Address ONE THOMAS CIR NW STE 1100
City WASHINGTON State DC Zip Code 20005
Purpose of Disbursement: LEGAL CONSULTING
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 / 31 / 2013
Transaction ID : SB23.7
Amount of Each Disbursement this Period: 20773.15

C.
Full Name (Last, First, Middle Initial)
CAPLIN & DRYSDALE
Mailing Address ONE THOMAS CIR NW STE 1100
City WASHINGTON State DC Zip Code 20005
Purpose of Disbursement: LEGAL CONSULTING
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 08 / 2013
Transaction ID : SB23.8
Amount of Each Disbursement this Period: 19588.98

Subtotal Of Receipts This Page (optional) ▶ 51762.13

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

Image# 13961276070

SCHEDULE B–P
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

NAME OF COMMITTEE (In Full)
MCCAIN-PALIN COMPLIANCE FUND, INC.

A.
Full Name (Last, First, Middle Initial)
CT CORPORATION
Mailing Address PO BOX 4349
City: CAROL STREAM State: IL Zip Code: 60197
Purpose of Disbursement: SUBSCRIPTIONS
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 / 09 / 2013
Transaction ID : SB23.9
Amount of Each Disbursement this Period: 621.96

B.
Full Name (Last, First, Middle Initial)
HUCKABY DAVIS LISKER
Mailing Address 228 S WASHINGTON ST STE 115
City: ALEXANDRIA State: VA Zip Code: 22314
Purpose of Disbursement: COMPLIANCE CONSULTING
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 19 / 2013
Transaction ID : SB23.10
Amount of Each Disbursement this Period: 8346.75

C.
Full Name (Last, First, Middle Initial)
SPELNA INC
Mailing Address 225 INDUSTRIAL CT
City: FREDERICKSBURG State: VA Zip Code: 22408
Purpose of Disbursement: RENT
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 / 09 / 2013
Transaction ID : SB23.4
Amount of Each Disbursement this Period: 899.00

Subtotal Of Receipts This Page (optional) ▶ 9867.71

Total This Period (last page this line number only)) ▶ 71010.09

Image# 13961276071

SCHEDULE B–P
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☒ 29

NAME OF COMMITTEE (In Full)
MCCAIN-PALIN COMPLIANCE FUND, INC.

A.
Full Name (Last, First, Middle Initial)
JP MORGAN CHASE BANK
Mailing Address PO BOX 6076
City NEWARK State DE Zip Code 19714
Purpose of Disbursement REALIZED CAPITAL LOSSES
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement M M 01 / D D 31 / Y Y Y Y 2013
Transaction ID : SB29.1
Amount of Each Disbursement this Period 1428.59

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

Subtotal Of Receipts This Page (optional) ▶ 1428.59

Total This Period (last page this line number only)) ▶ 1428.59

Image# 13961276072

SCHEDULE B–P
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 23 ☒ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

NAME OF COMMITTEE (In Full)
MCCAIN-PALIN COMPLIANCE FUND, INC.

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN MCCAIN
Mailing Address 228 S WASHINGTON ST STE 115
City ALEXANDRIA State VA Zip Code 22314
Purpose of Disbursement: TRANSFER TO AUTHORIZED CMTEE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 25 / 2013
Transaction ID : SB24.1
Amount of Each Disbursement this Period: 811479.50

B.
Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN MCCAIN
Mailing Address 228 S WASHINGTON ST STE 115
City ALEXANDRIA State VA Zip Code 22314
Purpose of Disbursement: TRANSFER TO AUTHORIZED CMTEE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 18 / 2013
Transaction ID : SB24.2
Amount of Each Disbursement this Period: 3056.57

C.
Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN MCCAIN
Mailing Address 228 S WASHINGTON ST STE 115
City ALEXANDRIA State VA Zip Code 22314
Purpose of Disbursement: TRANSFER TO AUTHORIZED CMTEE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 05 / 2013
Transaction ID : SB24.4
Amount of Each Disbursement this Period: 5000.00

Subtotal Of Receipts This Page (optional) ▶ 819536.07

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

Image# 13961276073

SCHEDULE B–P
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 23 ☒ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

NAME OF COMMITTEE (In Full)
MCCAIN-PALIN COMPLIANCE FUND, INC.

A.
Full Name (Last, First, Middle Initial)
JOHN MCCAIN 2008 INC
Mailing Address 228 S WASHINGTON ST STE 115
City ALEXANDRIA State VA Zip Code 22314
Purpose of Disbursement TRANSFER TO AUTHORIZED CMTEE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement M M 02 / D D 25 / Y Y Y Y 2013
Transaction ID : SB24.3
Amount of Each Disbursement this Period 555000.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

Subtotal Of Receipts This Page (optional) ▶ 555000.00

Total This Period (last page this line number only)) ▶ 1374536.07

Image# 13961276074

SCHEDULE D–P

DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 11 ☒ 12

NAME OF COMMITTEE (In Full)
MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SALVATORE PURPURA

Mailing Address 2701 N OCEAN BLVD

City: FORT LAUDERDALE | State: FL | Zip Code: 33308

Nature of Debt (Purpose):
COMPLIANCE CONSULTING

Transaction ID : SD10.9

Outstanding Balance Beginning This Period: 6350.75

Amount Incurred This Period: 2773.00

Payment This Period: 9123.75

Outstanding Balance at Close of This Period: 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)	0.00
2) **TOTALS** This Period (last page this line number only)	0.00
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only)	