

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)

PO BOX 16664

Check if different than previously reported. (ACC)

ARLINGTON

CITY

VA

STATE

22215

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:

Monthly Reports:

- April 15 (Q1)
- October 15 (Q3)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- 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

MM / DD / YYYY
04 / 01 / 2012

through

MM / DD / YYYY
06 / 30 / 2012

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

MM / DD / YYYY
07 / 09 / 2012

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: 04 / 01 / 2012 To: 06 / 30 / 2012

SUMMARY

Table with 2 columns: Description and Amount. Rows include: 6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD (1807673.52), 7. TOTAL RECEIPTS THIS PERIOD (15696.15), 8. SUBTOTAL (1823369.67), 9. TOTAL DISBURSEMENTS THIS PERIOD (271714.31), 10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (1551655.36), 11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (0.00), 12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (0.00), 13. EXPENDITURES SUBJECT TO LIMITATION (0.00).

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

Table with 2 columns: Description and Amount. Rows include: 14. NET CONTRIBUTIONS (Other than Loans) (365241.04), 15. NET OPERATING EXPENDITURES (12169255.73).

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2012

To:

MM / DD / YYYY
06 / 30 / 2012

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	339438.50
(ii) unitemized	0.00	322785.60
(iii) Total contributions	0.00	662224.10
(b) Political Party Committees	0.00	300.00
(c) Other Political Committees	0.00	6720.00
(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	669244.10
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	5247149.36
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	651059.87
(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	651059.87
21. OTHER RECEIPTS (Dividends, Interest, etc.)	15696.15	1181074.86
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	15696.15	7748528.19

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

PAGE 4 / 21

NAME OF COMMITTEE (in Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

Report Covering the Period: From:

M M / D D / Y Y Y Y
04 / 01 / 2012

To:

M M / D D / Y Y Y Y
06 / 30 / 2012

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
23. OPERATING EXPENDITURES.....	254563.62	12820315.60
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	8691239.44
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	303703.06
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	300.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	304003.06
29. OTHER DISBURSEMENTS	17150.69	10344437.79
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	271714.31	32159995.89

**III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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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) 2. FEC IDENTIFICATION NUMBER **C** C00446104

MCCAIN-PALIN COMPLIANCE FUND, INC.

ADDRESS (number and street) PO BOX 16664

ARLINGTON VA 22215

CITY STATE 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

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
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	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) JP MORGAN CHASE BANK		Transaction ID : SB21.1
Mailing Address PO BOX 6076		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2012
City NEWARK	State DE	Zip Code 19714
FEC ID number of contributing federal political committee.		REALIZED CAPITAL GAINS
Name of Employer		Amount of Each Receipt this Period 1926.58
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 927516.75

B. Full Name (Last, First, Middle Initial) JP MORGAN CHASE BANK		Transaction ID : SB21.2
Mailing Address PO BOX 6076		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2012
City NEWARK	State DE	Zip Code 19714
FEC ID number of contributing federal political committee.		REALIZED CAPITAL GAINS
Name of Employer		Amount of Each Receipt this Period 13769.57
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 927516.75

C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼

Subtotal Of Receipts This Page (optional).....▶ 15696.15

Total This Period (last page this line number only).....▶ 15696.15

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. TERRI BIELER		Date of Disbursement MM / DD / YYYY 04 / 14 / 2012
Mailing Address 3042 SAN CARLOS DR		Transaction ID : SB23.4
City MARGATE	State FL	
Zip Code 33063	Purpose of Disbursement PERSONNEL SERVICES	Amount of Each Disbursement this Period 593.29
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:	

Full Name (Last, First, Middle Initial) B. ELLEN BRADLEY		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address PO BOX 16664		Transaction ID : SB23.10
City ARLINGTON	State VA	
Zip Code 22215	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1970.04
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:	

Full Name (Last, First, Middle Initial) C. ELLEN BRADLEY		Date of Disbursement MM / DD / YYYY 05 / 15 / 2012
Mailing Address PO BOX 16664		Transaction ID : SB23.11
City ARLINGTON	State VA	
Zip Code 22215	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1970.04
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:	

Subtotal Of Receipts This Page (optional)..... 4533.37

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. ELLEN BRADLEY		Date of Disbursement MM / DD / YYYY 05 / 31 / 2012
Mailing Address PO BOX 16664		Transaction ID : SB23.12
City ARLINGTON	State VA	
Zip Code 22215	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1970.04
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:	

Full Name (Last, First, Middle Initial) B. ELLEN BRADLEY		Date of Disbursement MM / DD / YYYY 06 / 15 / 2012
Mailing Address PO BOX 16664		Transaction ID : SB23.13
City ARLINGTON	State VA	
Zip Code 22215	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1970.04
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:	

Full Name (Last, First, Middle Initial) C. ELLEN BRADLEY		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address PO BOX 16664		Transaction ID : SB23.14
City ARLINGTON	State VA	
Zip Code 22215	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1970.04
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:	

Subtotal Of Receipts This Page (optional)..... 5910.12

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. ELLEN BRADLEY		Date of Disbursement MM / DD / YYYY 04 / 13 / 2012
Mailing Address PO BOX 16664		Transaction ID : SB23.9
City ARLINGTON	State VA	
Zip Code 22215	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1970.04
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:	

Full Name (Last, First, Middle Initial) B. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 04 / 03 / 2012
Mailing Address 5851 HOLMBERG RD		Transaction ID : SB23.1
City PARKLAND	State FL	
Zip Code 33076	Purpose of Disbursement COMPLIANCE CONSULTING	Amount of Each Disbursement this Period 7468.75
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:	

Full Name (Last, First, Middle Initial) C. ADT SECURITY SERVICES INC		Date of Disbursement MM / DD / YYYY 04 / 01 / 2012
Mailing Address 3715 VENTURA DR		Transaction ID : SB23.35
City ARLINGTON HEIGHTS	State IL	
Zip Code 60004	Purpose of Disbursement SECURITY	Amount of Each Disbursement this Period 333.30
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:	

Subtotal Of Receipts This Page (optional)..... 9772.09

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. BELL, MCANDREWS & HILTACHK LLP		Date of Disbursement MM / DD / YYYY 04 / 06 / 2012
Mailing Address 455 CAPITOL MALL		Transaction ID : SB23.7
City SACRAMENTO	State CA	
Zip Code 95814	Purpose of Disbursement LEGAL CONSULTING	Amount of Each Disbursement this Period 20000.00
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:		

Full Name (Last, First, Middle Initial) B. CAPLIN & DRYSDALE		Date of Disbursement MM / DD / YYYY 04 / 05 / 2012
Mailing Address ONE THOMAS CIR NW STE 1100		Transaction ID : SB23.5
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement LEGAL CONSULTING	Amount of Each Disbursement this Period 36826.35
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:		

Full Name (Last, First, Middle Initial) C. CAPLIN & DRYSDALE		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address ONE THOMAS CIR NW STE 1100		Transaction ID : SB23.8
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement LEGAL CONSULTING	Amount of Each Disbursement this Period 42726.00
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:		

Subtotal Of Receipts This Page (optional)..... 9952.35

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement MM / DD / YYYY 04 / 05 / 2012
Mailing Address 7704 LEESBURG PKE		Transaction ID : SB23.3
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement DATABASE MANAGEMENT	Amount of Each Disbursement this Period \$ 500.00
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:	

Full Name (Last, First, Middle Initial) B. EFAX.COM		Date of Disbursement MM / DD / YYYY 05 / 16 / 2012
Mailing Address 6922 HOLLYWOOD BLVD		Transaction ID : SB23.33
City LOS ANGELES	State CA	
Zip Code 90028	Purpose of Disbursement PHONE SVC	Amount of Each Disbursement this Period \$ 169.50
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:	

Full Name (Last, First, Middle Initial) C. HUCKABY DAVIS LISKER		Date of Disbursement MM / DD / YYYY 05 / 20 / 2012
Mailing Address 228 S WASHINGTON ST STE 115		Transaction ID : SB23.2
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement COMPLIANCE CONSULTING	Amount of Each Disbursement this Period \$ 1375.00
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:	

Subtotal Of Receipts This Page (optional).....	\$ 2044.50
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement MM / DD / YYYY 05 / 31 / 2012
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.15
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 241.49	
Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	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:	

Full Name (Last, First, Middle Initial) B. INSPERITY		Date of Disbursement MM / DD / YYYY 04 / 13 / 2012
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.16
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 230.21	
Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	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:	

Full Name (Last, First, Middle Initial) C. INSPERITY		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.17
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 230.21	
Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	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:	

Subtotal Of Receipts This Page (optional)..... 701.91

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 04 / 13 / 2012
Mailing Address 1111 CONSTITUTION AVE NW		Transaction ID : SB23.21
City WASHINGTON	State DC	
Zip Code 20224	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 755.73
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:	

Full Name (Last, First, Middle Initial) B. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address 1111 CONSTITUTION AVE NW		Transaction ID : SB23.23
City WASHINGTON	State DC	
Zip Code 20224	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 755.73
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:	

Full Name (Last, First, Middle Initial) C. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 05 / 15 / 2012
Mailing Address 1111 CONSTITUTION AVE NW		Transaction ID : SB23.25
City WASHINGTON	State DC	
Zip Code 20224	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 755.73
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:	

Subtotal Of Receipts This Page (optional)..... 2267.19

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 05 / 31 / 2012
Mailing Address 1111 CONSTITUTION AVE NW		Transaction ID : SB23.27
City WASHINGTON	State DC	
Zip Code 20224	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 755.73
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:	

Full Name (Last, First, Middle Initial) B. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 06 / 15 / 2012
Mailing Address 1111 CONSTITUTION AVE NW		Transaction ID : SB23.29
City WASHINGTON	State DC	
Zip Code 20224	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 755.73
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:	

Full Name (Last, First, Middle Initial) C. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 1111 CONSTITUTION AVE NW		Transaction ID : SB23.31
City WASHINGTON	State DC	
Zip Code 20224	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 755.73
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:	

Subtotal Of Receipts This Page (optional)..... 2267.19

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. VIRGINIA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 04 / 13 / 2012
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.22
City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period 135.58	
Purpose of Disbursement PAYROLL TAXES	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:	

Full Name (Last, First, Middle Initial) B. VIRGINIA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.24
City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period 135.58	
Purpose of Disbursement PAYROLL TAXES	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:	

Full Name (Last, First, Middle Initial) C. VIRGINIA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 05 / 15 / 2012
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.26
City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period 135.58	
Purpose of Disbursement PAYROLL TAXES	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:	

Subtotal Of Receipts This Page (optional)..... 406.74

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. VIRGINIA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 05 / 31 / 2012
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.28
City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period 135.58	
Purpose of Disbursement PAYROLL TAXES	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:		

Full Name (Last, First, Middle Initial) B. VIRGINIA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 06 / 15 / 2012
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.30
City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period 135.58	
Purpose of Disbursement PAYROLL TAXES	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:		

Full Name (Last, First, Middle Initial) C. VIRGINIA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.32
City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period 135.58	
Purpose of Disbursement PAYROLL TAXES	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:		

Subtotal Of Receipts This Page (optional)..... 406.74

Total This Period (last page this line number only)..... 254563.62

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. JP MORGAN CHASE BANK		Date of Disbursement MM / DD / YYYY 05 / 31 / 2012
Mailing Address PO BOX 6076		Transaction ID : SB29.1
City NEWARK	State DE	
Purpose of Disbursement REALIZED CAPITAL LOSSES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="17150.69"/>
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: _____		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period <input type="text"/>
City	State	
Purpose of Disbursement	<input type="text"/>	
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: _____		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period <input type="text"/>
City	State	
Purpose of Disbursement	<input type="text"/>	
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: _____		

Subtotal Of Receipts This Page (optional).....

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