

REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 278

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

1. NAME OF COMMITTEE (in full) MCCAIN-PALIN COMPLIANCE FUND, INC.		2. IDENTIFICATION NUMBER C00446104	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported PO BOX 16118			
CITY, STATE, and ZIP CODE ARLINGTON VA 22215		3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

4. TYPE OF REPORT (Check here ☐ if this is a Termination Report.)

☒ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

☐ Twelfth day report preceding General

(Type of Election)

election on 11/04/2008 in the State of _____

☐ Thirtieth day report following the General Election on

on _____

IS THIS REPORT AN AMENDMENT ☐ YES ☒ NO

5. COVERING PERIOD	FROM	THROUGH
	01/01/2009	03/31/2009

SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	23540984.94
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	968764.56
	8. SUBTOTAL (Lines 6 and 7)	24509749.50
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	1522102.07
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	22987647.43
	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)	91871.96
	13. EXPENDITURES SUBJECT TO LIMITATION	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)	448309.04
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	8710496.40

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	Date 04/15/2009
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Signature of Treasurer

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 FEC FORM 3P are obsolete and should no longer be used.

For further information contact:	Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100
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FEC FORM 3P
(01/2001)

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**2 / 278**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

Report Covering the Period

From: 01/01/2009

To: 03/31/2009

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	.....	27784.38	660944.10
(b) Political Party Committees	.....	50.00	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), 17(d))		27834.38	667964.10
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	617559.46	5186640.87
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	.....	272033.73	506695.97
(b) Fundraising	.....	0.00	0.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		272033.73	506695.97
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	51336.99	107420.86
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	968764.56	6468721.80
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	.....	1463126.75	9217192.37
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	3000.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment 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	.....	54475.32	219355.06
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	300.00	300.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	54775.32	219655.06
29. OTHER DISBURSEMENTS	.....	4200.00	4350.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	1522102.07	9444197.43
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE 3 / 278
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

1. NAME OF COMMITTEE (in full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

ADDRESS (number and street)

PO BOX 16118

CITY, STATE, and ZIP CODE

ARLINGTON

VA

22215

2. IDENTIFICATION NUMBER

C00446104

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	0.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachusetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	0.00

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 4 / 278

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
 AMERICAN EXPRESS

 Nature of Debt (Purpose):
 CREDIT CARD PAYABLE

Mailing Address PO BOX 1270

City	State	ZIP Code
NEWARK	NJ	07101

Outstanding Balance Beginning This Period

43006.50

Transaction ID: SD12-1

Amount Incurred This Period

58370.38

Payment This Period

94323.83

Outstanding Balance at Close of This Period

7053.05

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

 Nature of Debt (Purpose):
 INSURANCE

Mailing Address 1120 20TH ST NW

City	State	ZIP Code
WASHINGTON	DC	20036

Outstanding Balance Beginning This Period

19174.00

Transaction ID: SD12-2

Amount Incurred This Period

26784.56

Payment This Period

45958.56

Outstanding Balance at Close of This Period

0.00

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

 Nature of Debt (Purpose):
 PHONE SERVICE

Mailing Address PO BOX 6463

City	State	ZIP Code
CAROL STREAM	IL	60197

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12-3

Amount Incurred This Period

7684.48

Payment This Period

5412.07

Outstanding Balance at Close of This Period

2272.41

1) **SUBTOTALS** This Period This Page (optional).....

9325.46

2) **TOTALS** This Period (last page this line number only).....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)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 5 / 278

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
AT&TNature of Debt (Purpose):
WEB SERVICE

Mailing Address PO BOX 13148

City	State	ZIP Code
NEWARK	NJ	07101

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12-4

Amount Incurred This Period

17734.96

Payment This Period

5999.27

Outstanding Balance at Close of This Period

11735.69

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CMDINature of Debt (Purpose):
LIST MANAGEMENT SERVICE

Mailing Address 7704 LEESBURG PKE

City	State	ZIP Code
FALLS CHURCH	VA	22043

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12-5

Amount Incurred This Period

92908.36

Payment This Period

76030.36

Outstanding Balance at Close of This Period

16878.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
COMPLIANCE CONSULTING CO OF VANature of Debt (Purpose):
COMPLIANCE CONSULTING

Mailing Address PO BOX 365

City	State	ZIP Code
MCLEAN	VA	22101

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12-6

Amount Incurred This Period

30102.00

Payment This Period

27352.00

Outstanding Balance at Close of This Period

2750.00

1) SUBTOTALS This Period This Page (optional).....

31363.69

2) TOTALS This Period (last page this line number only).....**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)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 6 / 278

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
LEXIS NEXISNature of Debt (Purpose):
SUBSCRIPTIONS

Mailing Address PO BOX 7247

City State ZIP Code
PHILADELPHIA PA 19170

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12-7

Amount Incurred This Period

3636.00

Payment This Period

2436.00

Outstanding Balance at Close of This Period

1200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MICHAEL DUHAIMENature of Debt (Purpose):
COMPLIANCE CONSULTING

Mailing Address PO BOX 16118

City State ZIP Code
ARLINGTON VA 22215

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12-8

Amount Incurred This Period

100000.00

Payment This Period

75000.00

Outstanding Balance at Close of This Period

25000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PRIMUSNature of Debt (Purpose):
PHONE SERVICE

Mailing Address 2094 185TH ST

City State ZIP Code
FAIRFIELD IA 52556

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12-9

Amount Incurred This Period

9295.11

Payment This Period

7115.84

Outstanding Balance at Close of This Period

2179.27

1) **SUBTOTALS** This Period This Page (optional).....

28379.27

2) **TOTALS** This Period (last page this line number only).....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)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 7 / 278

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
 RST MARKETING

 Nature of Debt (Purpose):
 PRINTING

Mailing Address 1272 CORPORATE PARK RD

City	State	ZIP Code
FOREST	VA	24551

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12-10

Amount Incurred This Period

15754.12

Payment This Period

2150.58

Outstanding Balance at Close of This Period

13603.54

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SANDRA PACK CPA LLC

 Nature of Debt (Purpose):
 COMPLIANCE CONSULTING

Mailing Address 538 MOORINGS CIR

City	State	ZIP Code
ARNOLD	MD	21012

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12-11

Amount Incurred This Period

37426.00

Payment This Period

28226.00

Outstanding Balance at Close of This Period

9200.00

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

 Nature of Debt (Purpose):
 UTILITIES

Mailing Address 8851 SANDY PKWY

City	State	ZIP Code
SANDY	UT	84070

Outstanding Balance Beginning This Period

4425.40

Transaction ID: SD12-12

Amount Incurred This Period

0.00

Payment This Period

4425.40

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

22803.54

2) **TOTALS** This Period (last page this line number only).....

91871.96

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

91871.96

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 278

<input type="checkbox"/> 16	<input checked="" 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 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)

MR. KEVIN J. BOUCHEY

Mailing Address

6290 LARUE ROAD

City

TOPPENISH

State

WA

Zip Code

98948-9789

FEC ID number of contributing
federal political committee.

Name of Employer
S.K.D. FARMS

Occupation

AGRIBUSINESS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Transaction ID: SA17.2946927

B.

Full Name (Last, First, Middle Initial)

MRS. RENEE BOUCHEY

Mailing Address

6290 LARUE ROAD

City

TOPPENISH

State

WA

Zip Code

98948-9789

FEC ID number of contributing
federal political committee.

Name of Employer
S.K.O. FARMS

Occupation

AGRIBUSINESS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Transaction ID: SA17.2946928

C.

Full Name (Last, First, Middle Initial)

MR. KYONG C. BOWEN

Mailing Address

2562 JUNCO COURT

City

ODENTON

State

MD

Zip Code

21113-3688

FEC ID number of contributing
federal political committee.

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Transaction ID: SA17.2951460

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 278

<input type="checkbox"/> 16	<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD S. CLEMENT

Mailing Address

11151 VALESIDE CRESCENT

City

CARMEL

State

IN

Zip Code

46032-9159

FEC ID number of contributing
federal political committee.

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Transaction ID: SA17.2945417

B.

Full Name (Last, First, Middle Initial)

MR. JOHN A. CRISLIP

Mailing Address

4405 W. PLATT STREET

City

TAMPA

State

FL

Zip Code

33609-2610

FEC ID number of contributing
federal political committee.

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Transaction ID: SA17.2947504

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. DAMERON

Mailing Address

1419 26TH AVENUE

City

SAN FRANCISCO

State

CA

Zip Code

94122-3223

FEC ID number of contributing
federal political committee.

Name of Employer
RETIRED

Occupation
ACCOUNTANT

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Transaction ID: SA17.2945254

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 278

(check only one)

<input type="checkbox"/> 16	<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MRS. ROSEMARY GARNER

Mailing Address

2575 PEACHTREE ROAD N.E. #21F

City

ATLANTA

State

GA

Zip Code

30305-3644

FEC ID number of contributing
federal political committee.Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	2	/	2	0	0	9

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Transaction ID: SA17.2951180

B.

Full Name (Last, First, Middle Initial)

MRS. ANNE MILDRED HOLLISTER

Mailing Address

4654 FAIRFIELD AVENUE

City

SHREVEPORT

State

LA

Zip Code

71106-1443

FEC ID number of contributing
federal political committee.Name of Employer
L.S.U.H.S.C.Occupation
PHYSICIAN

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Transaction ID: SA17.2947569

C.

Full Name (Last, First, Middle Initial)

MS. VIRGINIA CONSTANCE KNECHT

Mailing Address

850 COVE PL.

City

YOUNGSTOWN

State

OH

Zip Code

44511-3705

FEC ID number of contributing
federal political committee.Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	9

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Transaction ID: SA17.2951332

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 278

(check only one)

<input type="checkbox"/> 16	<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. PETER H. MERLIN

Mailing Address

7275 IRWIN COURT

City

FORT COLLINS

State

CO

Zip Code

80528-9556

FEC ID number of contributing
federal political committee.Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Transaction ID: SA17.2946824

B.

Full Name (Last, First, Middle Initial)

MS. PATRICIA E. MILLER

Mailing Address

101 JENNINGS ROAD

City

BATTLE CREEK

State

MI

Zip Code

49015-3543

FEC ID number of contributing
federal political committee.Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Transaction ID: SA17.2950626

C.

Full Name (Last, First, Middle Initial)

MR. LEVERE C. MONTGOMERY, III

Mailing Address

11 MISTLETOE DRIVE

City

COVINGTON

State

LA

Zip Code

70433-4529

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYEDOccupation
REAL ESTATE BROKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	0	9

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Transaction ID: SA17.2946843

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 278

(check only one)

<input type="checkbox"/> 16	<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. DELMAR L. PEARSON

Mailing Address

2101 SAINT HELENS STREET

City

YAKIMA

State

WA

Zip Code

98902-4162

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Occupation

C.P.A.

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	0	9

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Transaction ID: SA17.2946973

B.

Full Name (Last, First, Middle Initial)

MS. MARA PECK-COLIN

Mailing Address

20215 COUNTY ROAD 94A

City

WOODLAND

State

CA

Zip Code

95695-9363

FEC ID number of contributing
federal political committee.Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

Transaction ID: SA17.2949581

C.

Full Name (Last, First, Middle Initial)

MR. LAWRENCE PERLSTEIN

Mailing Address

535 E. 86TH STREET #6F

City

NEW YORK

State

NY

Zip Code

10028-7533

FEC ID number of contributing
federal political committee.Name of Employer
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Amount of Each Receipt this Period

275.00

CONTRIBUTION

Transaction ID: SA17.2946771

SUBTOTAL of Receipts This Page (optional)

3075.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 278

(check only one)

<input type="checkbox"/> 16	<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. LAWRENCE C. ROLFE

Mailing Address

233 EAST BAY STREET

SUITE 720

City

JACKSONVILLE

State

FL

Zip Code

32202-3448

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYEDOccupation
ATTORNEY

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Transaction ID: SA17.2949537

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL A. SANDIFER

Mailing Address

2145 DENNIS STREET

City

JACKSONVILLE

State

FL

Zip Code

32204-1805

FEC ID number of contributing
federal political committee.Name of Employer
CAIN & BULTMAN INCOccupation
STAFF

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Transaction ID: SA17.2950617

C.

Full Name (Last, First, Middle Initial)

MR. FRANK SHUMWAY

Mailing Address

6 BAY POINT CIRCLE

City

ROCHESTER

State

NY

Zip Code

14622-3332

FEC ID number of contributing
federal political committee.Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	0	9

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Transaction ID: SA17.2946971

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 278

(check only one)

<input type="checkbox"/> 16	<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. JAMES E. TAUSSIG, II

Mailing Address

3308 HENDERSON BAYOU ROAD

City

LAKE CHARLES

State

LA

Zip Code

70605-2248

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Occupation

REAL ESTATE DEVELOPMENT

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	9	

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Transaction ID: SA17.2947571

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL L. VOLKER

Mailing Address

2302 HOLIDAY LANE

City

CORPUS CHRISTI

State

TX

Zip Code

78414-2722

FEC ID number of contributing
federal political committee.Name of Employer
VALERO ENERGY CORPORATION

Occupation

CHEMICAL ENGINEER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Transaction ID: SA17.2949716

C.

Full Name (Last, First, Middle Initial)

MR. VAN H. WASHBURN

Mailing Address

387 E. 300 N.

City

PROVO

State

UT

Zip Code

84606-3076

FEC ID number of contributing
federal political committee.Name of Employer
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	9	

Amount of Each Receipt this Period

202.00

CONTRIBUTION

Transaction ID: SA17.2946918

SUBTOTAL of Receipts This Page (optional)

1002.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 278
(check only one)

<input type="checkbox"/> 16	<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. DAVID M. WHITEHEAD

Mailing Address

P.O. BOX 75

City

MT. EDEN

State

KY

Zip Code

40046-0075

FEC ID number of contributing
federal political committee.

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Amount of Each Receipt this Period

600.00

CONTRIBUTION

Transaction ID: SA17.2946844

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

11527.00

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

JOHN MCCAIN 2008 INC

Mailing Address

PO BOX 16118

City

ARLINGTON

State

VA

Zip Code

22215

FEC ID number of contributing
federal political committee.

C00430470

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

801846.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Amount of Each Receipt this Period

54759.00

TRANSFER FROM AUTHORIZED
COMMITTEE

Transaction ID: SA18.6

B.

Full Name (Last, First, Middle Initial)

MCCAIN PALIN 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.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

5622.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

5622.46

TRANSFER FROM JOINT COMMI-
TTEE

Transaction ID: SA18.10

C.

Full Name (Last, First, Middle Initial)

MRS. S. KAY GEIGER

Mailing Address

846 WINDING RIVER BLVD.

City

MAINEVILLE

State

OH

Zip Code

45039

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

1000.00

TRANSFER
[MEMORANDUM]TRANSFER FROM MCCAIN-PALIN
VICTORY OHIO

Transaction ID: SA18.2943291

SUBTOTAL of Receipts This Page (optional)

60381.46

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. GERALD L. PARISI

Mailing Address

2774 QUAIL RIDGE DRIVE

City

NEW CARLISLE

State

OH

Zip Code

45344

FEC ID number of contributing
federal political committee.

Name of Employer
I. SUPPLY CO.

Occupation
CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Amount of Each Receipt this Period

2000.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN-PALIN
VICTORY OHIO

Transaction ID: SA18.2939327B

B.

Full Name (Last, First, Middle Initial)

MRS. MARY ROBERTS

Mailing Address

6259 NW 118TH STREET ROAD

City

REDDICK

State

FL

Zip Code

32686

FEC ID number of contributing
federal political committee.

Name of Employer
R&L CARRIERS

Occupation
OWNER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN-PALIN
VICTORY OHIO

Transaction ID: SA18.2455085

C.

Full Name (Last, First, Middle Initial)

MR. RALPH L. ROBERTS

Mailing Address

6259 NW 118TH STREET ROAD

City

REDDICK

State

FL

Zip Code

32686

FEC ID number of contributing
federal political committee.

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN-PALIN
VICTORY OHIO

Transaction ID: SA18.2455089

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM B. SUMMERS, JR.

Mailing Address

20749 BEACH CLIFF BLVD.

City

ROCKY RIVER

State

OH

Zip Code

44116

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Occupation

DIRECTOR/ADVISOR

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN-PALIN
VICTORY OHIO

Transaction ID: SA18.2259023

B.

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.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

38862.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

38862.91

TRANSFER FROM JOINT COMMI-
TTEEINCLUDES PREVIOUSLY REPOR-
TED CONTRIBUTORS

Transaction ID: SA18.11

C.

Full Name (Last, First, Middle Initial)

MR. MARK A. BAINBRIDGE

Mailing Address

2250 YORKSHIRE ROAD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.Name of Employer
ERNST & YOUNG

Occupation

PARTNER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

2000.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICT-
ORY OHIO

Transaction ID: SA18.2274781

SUBTOTAL of Receipts This Page (optional)

38862.91

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MS. BROOKE BODNEY

Mailing Address

685 CITY PARK AVENUE

City

COLUMBUS

State

OH

Zip Code

43206

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Occupation

PROFESSIONAL FUNDRAISER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Amount of Each Receipt this Period

1000.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2722563

B.

Full Name (Last, First, Middle Initial)

MR. ANTHONY M. CAFARO

Mailing Address

1374 WARNER ROAD

City

HUBBARD

State

OH

Zip Code

44425

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2942004

C.

Full Name (Last, First, Middle Initial)

MRS. JANET S. CAFARO

Mailing Address

600 WARNER ROAD

City

HUBBARD

State

OH

Zip Code

44425

FEC ID number of contributing
federal political committee.Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2724908

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MRS. PHYLLIS C. CAFARO

Mailing Address

1375 WARNER ROAD

City

HUBBARD

State

OH

Zip Code

44425

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2724915

B.

Full Name (Last, First, Middle Initial)

MS. SUSAN CHIAVAROLI

Mailing Address

2685 WADSWORTH ROAD

City

NORTON

State

OH

Zip Code

44203

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

130.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

130.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2724913

C.

Full Name (Last, First, Middle Initial)

MR. JAMES J. CORBETT

Mailing Address

2019 BRAUMILLER ROAD

City

DELAWARE

State

OH

Zip Code

43015

FEC ID number of contributing
federal political committee.Name of Employer
JAMES CORBETT, INC.

Occupation

COMMERCIAL REALTOR

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

500.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2274783

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. ADAM CRISTO

Mailing Address

8117 LAUREL LAKE

City

LIBERTY

State

OH

Zip Code

45044

FEC ID number of contributing
federal political committee.Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

-2025.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.1521668

B.

Full Name (Last, First, Middle Initial)

MRS. MARY JANE DOLAN

Mailing Address

10230 CARRIAGE TRAIL

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2722566

C.

Full Name (Last, First, Middle Initial)

MR. RONALD J. DOLAN

Mailing Address

10230 CARRIAGE TRAIL

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.Name of Employer
OHIO INTERNATIONAL FINANCE
SERVICESOccupation
ACTUARY

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2722567

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. DARVIS L. DONLEY

Mailing Address

2307 INAS DRIVE

City

COPLEY

State

OH

Zip Code

44321

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2724911

B.

Full Name (Last, First, Middle Initial)

MRS. DEBORAH V. DONLEY

Mailing Address

570 N. MAIN STREET

City

CHAGRIN FALLS

State

OH

Zip Code

44022

FEC ID number of contributing
federal political committee.Name of Employer
VOCON

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

PRINCIPAL

Election Cycle-to-Date ▼

1550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

1550.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.1332081

C.

Full Name (Last, First, Middle Initial)

MRS. MARY R. DRACKETT

Mailing Address

614 WOOSTER PIKE

City

TERRACE PARK

State

OH

Zip Code

45174

FEC ID number of contributing
federal political committee.Name of Employer
DIAMOND D INVESTMENTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

EXECUTIVE

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2938866

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. PATRICK A. GRAY

Mailing Address

1519 BRITTIAN ROAD

APARTMENT #2

City

AKRON

State

OH

Zip Code

44310

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Amount of Each Receipt this Period

20.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2724912

B.

Full Name (Last, First, Middle Initial)

MS. GRETCHEN A. HOLDERMAN

Mailing Address

6836 W. FITZWATER ROAD

City

BRECKSVILLE

State

OH

Zip Code

44141

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2630071

C.

Full Name (Last, First, Middle Initial)

MS. GWYNNE G. HOLZ

Mailing Address

416 REGALSTONE LANE

City

COPLEY

State

OH

Zip Code

44321

FEC ID number of contributing
federal political committee.Name of Employer
CLEVELAND CLINIC FOUNDATI-
ON

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2724910

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. SCOTT KLABUNDE

Mailing Address

7369 LAMBTON PARK ROAD

City

NEW ALBANY

State

OH

Zip Code

43054

FEC ID number of contributing
federal political committee.

Name of Employer
EIMMOV OHIO

Occupation
CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2367753

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES J. KUBICKI

Mailing Address

7870 E. KEMPEK

SUITE 400

City

CINCINNATI

State

OH

Zip Code

45249

FEC ID number of contributing
federal political committee.

Name of Employer
C.V.C.

Occupation
DEVELOPER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Amount of Each Receipt this Period

500.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.1643601

C.

Full Name (Last, First, Middle Initial)

MS. ALAN MCMASTER

Mailing Address

3552 BOULDER RIDGE DRIVE

City

MAUMEE

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Amount of Each Receipt this Period

1000.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2367752

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE MEINBERG

Mailing Address

3322 ERIE AVENUE

City

CINCINNATI

State

OH

Zip Code

45208

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

250.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2251161

B.

Full Name (Last, First, Middle Initial)

MR. ELMO L. MIDGLEY

Mailing Address

3764 ST. NICHOLAS

City

RICHFIELD

State

OH

Zip Code

44286

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2724909

C.

Full Name (Last, First, Middle Initial)

MR. MARK F. MUETHING

Mailing Address

6510 KINCAID ROAD

City

CINCINNATI

State

OH

Zip Code

45213

FEC ID number of contributing
federal political committee.Name of Employer
GREAT AMERICAN FINANCIAL
RESOURCES

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

ATTORNEY

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

250.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2454988

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. GERALD L. PARISI

Mailing Address

2774 QUAIL RIDGE DRIVE

City

NEW CARLISLE

State

OH

Zip Code

45344

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

2000.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2939327

B.

Full Name (Last, First, Middle Initial)

MRS. MICHELE PARRISH

Mailing Address

8292 ALPINE ASTER COURT

City

LIBERTY TOWNSHIP

State

OH

Zip Code

45044

FEC ID number of contributing
federal political committee.Name of Employer
PARRISH PARTNERS LLC

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

EXECUTIVE COACH - CONSULTANT

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

500.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2274782

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES J. PILLIOD, Jr.

Mailing Address

49 TWIN OAKS ROAD

City

AKRON

State

OH

Zip Code

44313

FEC ID number of contributing
federal political committee.Name of Employer
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

RETIRED

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2251152

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. MICHAEL R. RICKMAN

Mailing Address

1330 GHENT HILLS ROAD

City

AKRON

State

OH

Zip Code

44333

FEC ID number of contributing
federal political committee.Name of Employer
GOODYEAROccupation
ATTORNEY

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2724914

B.

Full Name (Last, First, Middle Initial)

MS. MARY ELLEN SARGENT

Mailing Address

764 EASTER ROAD

City

DOYLESTOWN

State

OH

Zip Code

44230

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2454991

C.

Full Name (Last, First, Middle Initial)

MRS. KATHI SIBEL

Mailing Address

6274 BERTRAM AVE., NW

City

CANTON

State

OH

Zip Code

44718

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYEDOccupation
CONSULTANT

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2938867

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. PETER A. SPITALIERI

Mailing Address

3087 HUDSON-AURORA ROAD

City

HUDSON

State

OH

Zip Code

44236

FEC ID number of contributing
federal political committee.

Name of Employer
P.A.S.C.O., Inc.

Occupation

OWNER/PRESIDENT

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2454990

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM GUY SPRIGGS

Mailing Address

9000 FAIRVIEW FARMS ROAD

City

CAMPOBELLO

State

SC

Zip Code

29322

FEC ID number of contributing
federal political committee.

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2630070

C.

Full Name (Last, First, Middle Initial)

DR. PAUL L. TESAR

Mailing Address

P.O. BOX 21

City

COLUMBIA CITY

State

OR

Zip Code

97018

FEC ID number of contributing
federal political committee.

Name of Employer
SELF-EMPLOYED

Occupation

ORTHOPEDIC SURGEON

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Amount of Each Receipt this Period

500.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2722564

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

BRICKER & ECKLER LLP PAC

Mailing Address

100 SOUTH THIRD STREET

City

COLUMBUS

State

OH

Zip Code

43215

FEC ID number of contributing
federal political committee.

C00165522

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Amount of Each Receipt this Period

500.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO

Transaction ID: SA18.2253726

B.

Full Name (Last, First, Middle Initial)

CINCINNATI INSTITUTE OF PLASTIC SURGERY, L.L.C.

Mailing Address

10577 MONTGOMERY ROAD

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Amount of Each Receipt this Period

1000.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO : ATTRIBUTION TO PARTNERS REQUESTED

Transaction ID: SA18.2575143

C.

Full Name (Last, First, Middle Initial)

PORTER, WRIGHT, MORRIS & ARTHUR L.L.P.

Mailing Address

41 S. HIGH STREET

City

COLUMBUS

State

OH

Zip Code

43215

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

TRANSFER FROM MCCAIN VICTORY OHIO : ATTRIBUTION TO PARTNERS REQUESTED

Transaction ID: SA18.2250979

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MCCAIN 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.

C00448498

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

820493.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Amount of Each Receipt this Period

483832.29

TRANSFER FROM JOINT COMMITTEE

PREVIOUSLY REPORTED CONTRIBUTORS

Transaction ID: SA18.7

B.

Full Name (Last, First, Middle Initial)

MCCAIN VICTORY CALIFORNIA

Mailing Address

228 S WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C00448985

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

341023.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Amount of Each Receipt this Period

33667.38

TRANSFER FROM JOINT COMMITTEE

PREVIOUSLY REPORTED CONTRIBUTORS

Transaction ID: SA18.8

C.

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.

C00453738

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

47174.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	0	9

Amount of Each Receipt this Period

815.42

TRANSFER FROM JOINT COMMITTEE

PREVIOUSLY REPORTED CONTRIBUTORS

Transaction ID: SA18.9

SUBTOTAL of Receipts This Page (optional)

518315.09

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MRS. BILLIE ALFORD

Mailing Address

614 CEDARTREE SPUR

City

ATOKA

State

OK

Zip Code

74525-5242

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Occupation

DAIRY FARMER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Receipt this Period

20.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947587

B.

Full Name (Last, First, Middle Initial)

MR. PHILLIP W. ANSHUS

Mailing Address

701 6TH STREET S.

City

VIRGINIA

State

MN

Zip Code

55792-3043

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946812

C.

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. BABINSKI

Mailing Address

3 RICHARD AVENUE

City

MANVILLE

State

NJ

Zip Code

08835-1932

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	0	9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945493

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. HAROLD G. BAGWELL

Mailing Address

P.O. BOX 1700

City

GARNER

State

NC

Zip Code

27529-1700

FEC ID number of contributing
federal political committee.Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946786

B.

Full Name (Last, First, Middle Initial)

MRS. MICHIO K. BENTON

Mailing Address

1016 BENTON BEND ROAD

City

CHARLESTON

State

SC

Zip Code

29412-8847

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945465

C.

Full Name (Last, First, Middle Initial)

MR. JOHN L. BERGSTROM

Mailing Address

5507 GREYSTON STREET

City

PALM HARBOR

State

FL

Zip Code

34685-1137

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945468

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. PIERRE J. BIENVENU

Mailing Address

1014 BRIAN STREET

P.O. BOX 861

City

SAINT MARTINVILLE

State

LA

Zip Code

70582-6720

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	0	9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947590

B.

Full Name (Last, First, Middle Initial)

MR. BENJAMIN W. BLACKBURN

Mailing Address

1122 COLORADO ST

SUITE 1406

City

AUSTIN

State

TX

Zip Code

78701-2145

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

ATTORNEY

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	0	9

Amount of Each Receipt this Period

1000.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946856

C.

Full Name (Last, First, Middle Initial)

MR. WALTER BREITENMOSE

Mailing Address

145 W. 12TH STREET

City

BLOOMSBURG

State

PA

Zip Code

17815-3707

FEC ID number of contributing
federal political committee.

Name of Employer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

RETIRED

Election Cycle-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	0	9

Amount of Each Receipt this Period

20.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945434

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. PIERCE V. BRENNAN

Mailing Address

185 CONCORD RD.

City

YONKERS

State

NY

Zip Code

10710-1847

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYEDOccupation
LAWYER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Receipt this Period

10.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947537

B.

Full Name (Last, First, Middle Initial)

MRS. JOYCE B. BROWN

Mailing Address

15171 CLEVE DR.

City

KING GEORGE

State

VA

Zip Code

22485-2419

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	0	9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946787

C.

Full Name (Last, First, Middle Initial)

MR. RON BRYANT

Mailing Address

5228 ADOBE ROAD

APARTMENT E.

City

TWENTYNINE PALMS

State

CA

Zip Code

92277-1894

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947518

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. JERRY BUCHANAN

Mailing Address

636 SHAWNEE DRIVE

City

CHARLOTTE

State

NC

Zip Code

28209-2309

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946805

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE J. CAMPOLO

Mailing Address

177 MCLEAN AVENUE

City

YONKERS

State

NY

Zip Code

10705-2435

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Receipt this Period

150.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947529

C.

Full Name (Last, First, Middle Initial)

MR. LAWRENCE N. CAPOZZO

Mailing Address

6337 50TH AVENUE

City

KENOSHA

State

WI

Zip Code

53142-3128

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947585

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

RANDEE Y. CARL

Mailing Address

8663 MAIDSTONE COURT

City

LARGO

State

FL

Zip Code

33777-1314

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946946

B.

Full Name (Last, First, Middle Initial)

MR. RONALD L. CHANDLER

Mailing Address

2127 MELROSE LANE

City

SALINA

State

KS

Zip Code

67401-3542

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

35.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Amount of Each Receipt this Period

35.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947158

C.

Full Name (Last, First, Middle Initial)

MR. ALAN J. COHN

Mailing Address

129 FORRESTINE AVENUE

City

GASDEN

State

AL

Zip Code

35901-5475

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

BUILDING MATERIAL DIRECTOR

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946810

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. LOWELL CONRAD

Mailing Address

1721 W. PHILIP AVE.

City

NORTH PLATTE

State

NE

Zip Code

69101-5923

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946801

B.

Full Name (Last, First, Middle Initial)

MR. R. GENE COTTON

Mailing Address

4511 WILLOWICK BLVD.

City

ALEXANDRIA

State

LA

Zip Code

71303-2534

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Occupation

FINANCIAL ADVISOR

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

500.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946809

C.

Full Name (Last, First, Middle Initial)

DR. BILLY L. COUCH

Mailing Address

306 FOREST DRIVE

City

HUMBOLDT

State

TN

Zip Code

38343-3552

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

30.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	9

Amount of Each Receipt this Period

30.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947526

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. BILLY G. CRAWFORD

Mailing Address

2421 COLLEGE AVENUE

APARTMENT 115

City

CONWAY

State

AR

Zip Code

72034-6209

FEC ID number of contributing
federal political committee.

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947520

B.

Full Name (Last, First, Middle Initial)

MR. JAMES A. CUCHIARA

Mailing Address

1612 JEFFERSON AVENUE

APARTMENT 201

City

MIAMI BEACH

State

FL

Zip Code

33139-7612

FEC ID number of contributing
federal political committee.

Name of Employer
SELF-EMPLOYED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

ARTIST

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 2 / 2 0 0 9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945474

C.

Full Name (Last, First, Middle Initial)

MR. DAVID M. CULP

Mailing Address

3 MEADOW PASS

City

HUNTINGTON

State

IN

Zip Code

46750-1315

FEC ID number of contributing
federal political committee.

Name of Employer
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

RETIRED

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 2 / 2 0 0 9

Amount of Each Receipt this Period

500.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945539

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. LEONARD R. CZENKUSCH

Mailing Address

5904 HOLLISTER DRIVE

City

SPEEDWAY

State

IN

Zip Code

46224-3041

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

35.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Receipt this Period

35.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947580

B.

Full Name (Last, First, Middle Initial)

MS. DORIS L. DAVIS

Mailing Address

2909 SWEETLEAF LANE

City

JOHNS ISLAND

State

SC

Zip Code

29455-6711

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	0	9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946789

C.

Full Name (Last, First, Middle Initial)

MR. CLIFFORD B. DEAL, SR.

Mailing Address

7901 CR 517

City

ALVARADO

State

TX

Zip Code

76009

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946954

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MRS. JEAN M. DEDECKER

Mailing Address

6141 ARDEN AVENUE

City

WARREN

State

MI

Zip Code

48092-1205

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	9	

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947589

B.

Full Name (Last, First, Middle Initial)

MR. EDGAR J. DIETRICH

Mailing Address

15832 WINDMILL POINTE

City

GROSSE POINTE PARK

State

MI

Zip Code

48230-1844

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	9	

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946861

C.

Full Name (Last, First, Middle Initial)

MRS. ELINOR M. DIJOSEPH

Mailing Address

249 WENCIN TERRACE

City

WEST CHESTER

State

PA

Zip Code

19382-1990

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	9	

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946853

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. MAYNARD L. DUNN

Mailing Address

338 GLEN EDEN ROAD

City

ROCHESTER

State

PA

Zip Code

15074-2711

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼
Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

200.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947159

B.

Full Name (Last, First, Middle Initial)

MS. ELLEN F. EISNER

Mailing Address

1624 QUEENSTOWN ROAD

City

NICHOLS HILLS

State

OK

Zip Code

73116-5523

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼
Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946791

C.

Full Name (Last, First, Middle Initial)

MR. ERMON B. EVERETT

Mailing Address

90 APOSTOLIC ROAD

City

SUMRALL

State

MS

Zip Code

39482-4343

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945544

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. JAMES S. FARRAR

Mailing Address

3838 RUNNING SPRINGS

City

SAN ANTONIO

State

TX

Zip Code

78261-2125

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946947

B.

Full Name (Last, First, Middle Initial)

MR. DONALD L. FIDJELAND

Mailing Address

963 SINGLEY ROAD

City

LOLETA

State

CA

Zip Code

95551

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

30.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	0	9

Amount of Each Receipt this Period

30.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946938

C.

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH FILET

Mailing Address

1847 SAMAR DRIVE

City

COSTA MESA

State

CA

Zip Code

92626-3631

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

75.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	9

Amount of Each Receipt this Period

75.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946949

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. FINLEY

Mailing Address

130 MISHETOE STREET

City

LAKE JACKSON

State

TX

Zip Code

77566

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼
Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	0	9

Amount of Each Receipt this Period

10.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2949518

B.

Full Name (Last, First, Middle Initial)

MS. PEGGY H. FOLEY

Mailing Address

22 ABERDEEN BLFS.

City

PUEBLO

State

CO

Zip Code

81004-1000

FEC ID number of contributing
federal political committee.Name of Employer
PUEBLO COUNTY PUBLIC TRUS-
TEE

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼
Occupation
ADMINISTRATION

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946783

C.

Full Name (Last, First, Middle Initial)

MR. JOHN F. FORBES

Mailing Address

P.O. BOX 489

City

NEEDHAM HEIGHTS

State

MA

Zip Code

02494-0004

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼
Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	0	9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946963

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MRS. TIMI J. FOX

Mailing Address

616 NEVADA 31

City

EMMET

State

AR

Zip Code

71835-8910

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Occupation

REGISTERED NURSE

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	9

Amount of Each Receipt this Period

250.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946941

B.

Full Name (Last, First, Middle Initial)

MRS. TIMI J. FOX

Mailing Address

616 NEVADA 31

City

EMMET

State

AR

Zip Code

71835-8910

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Occupation

REGISTERED NURSE

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	9

Amount of Each Receipt this Period

250.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947184

C.

Full Name (Last, First, Middle Initial)

MR. PAUL GAPINSKI

Mailing Address

724 E. 600 S.

City

CENTERVILLE

State

UT

Zip Code

84014-2426

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

30.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

Amount of Each Receipt this Period

30.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946792

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. C. W. GILES, JR.

Mailing Address

2106 N. WOOD AVENUE

City

FLORENCE

State

AL

Zip Code

35630-1948

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	9	

Amount of Each Receipt this Period

200.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2949520

B.

Full Name (Last, First, Middle Initial)

MRS. ELEANOR M. HAMAN

Mailing Address

24980 STATE ROAD 71 N.

City

ALTHA

State

FL

Zip Code

32421-3722

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	9	

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946778

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT L. HAMBLIN

Mailing Address

7510 BRAD STREET

City

FALLS CHURCH

State

VA

Zip Code

22042-3607

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	9	

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946777

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) MS. JEAN F. HANLEY		Date of Receipt <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>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	1		2	0	0	9														
Mailing Address 5125 BLODGETT AVENUE APARTMENT 112		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>		25.00																			
25.00																							
City State Zip Code DOWNERS GROVE IL 60515-5042		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>		25.00																			
25.00																							
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>		25.00																			
25.00																							
Name of Employer Occupation RETIRED		TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>		25.00																			
25.00																							
Transaction ID: SA17A.2946935																							
B. Full Name (Last, First, Middle Initial) MR. JAMES R. HARRELL, USA (RET)		Date of Receipt <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>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	6		2	0	0	9														
Mailing Address 1806 LAKE CIRCLE DRIVE		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>		100.00																			
100.00																							
City State Zip Code BAINBRIDGE GA 39819-5136		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>		100.00																			
100.00																							
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>		100.00																			
100.00																							
Name of Employer Occupation RETIRED		TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>		100.00																			
100.00																							
Transaction ID: SA17A.2947586																							
C. Full Name (Last, First, Middle Initial) MR. ALLEN K. HATFIELD		Date of Receipt <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>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	6		2	0	0	9														
Mailing Address 15420 OLDE HIGHWAY 80 # 177		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>		25.00																			
25.00																							
City State Zip Code EL CAJON CA 92021-2427		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>		25.00																			
25.00																							
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>		25.00																			
25.00																							
Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS		TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>		25.00																			
25.00																							
Transaction ID: SA17A.2946957																							

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. JOHN G. HENSEL

Mailing Address

17696 N. ESCALANTE LANE

City

SURPRISE

State

AZ

Zip Code

85374-6350

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	0	9

Amount of Each Receipt this Period

200.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946943

B.

Full Name (Last, First, Middle Initial)

MS. MARY G. HERNDON

Mailing Address

29422 JOSEPHINE DRIVE

City

ELBERTA

State

AL

Zip Code

36530-5714

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	0	9

Amount of Each Receipt this Period

500.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946939

C.

Full Name (Last, First, Middle Initial)

MR. JOHN M. HIGDON

Mailing Address

59395 STONEWALL DRIVE

City

PLAQUEMINE

State

LA

Zip Code

70764-7422

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

35.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	0	9

Amount of Each Receipt this Period

35.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946811

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MS. ELEN I. HOFF

Mailing Address

2100 POSSUM COURT

City

BROOKFIELD

State

WI

Zip Code

53045-4723

FEC ID number of contributing
federal political committee.

Name of Employer

FIRST WEBER GROUP REALTORS

Occupation

REALTOR

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	9	

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2949517

B.

Full Name (Last, First, Middle Initial)

MR. JAMES H. HOLLOWAY

Mailing Address

4237 COUNTY ROAD 105

City

HARTFORD

State

AL

Zip Code

36344-6635

FEC ID number of contributing
federal political committee.

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	9	

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945554

C.

Full Name (Last, First, Middle Initial)

DR. LARRY D. IVEY

Mailing Address

515 WILLOW CREEK COURT

City

ARLINGTON

State

TX

Zip Code

76011-2232

FEC ID number of contributing
federal political committee.

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	9	

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946802

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) MRS. MARY JANSKY Mailing Address 172 COUNTY ROAD P. City State Zip Code TOBIAS NE 68453-2022 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 9 Amount of Each Receipt this Period 25.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2946945
Name of Employer Occupation RETIRED Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		
B. Full Name (Last, First, Middle Initial) MR. ROBERT RALPH JESSUP Mailing Address 3510 MIDIRON DRIVE City State Zip Code WINTER PARK FL 32789-5310 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 9 Amount of Each Receipt this Period 25.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2945552
Name of Employer Occupation RETIRED Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		
C. Full Name (Last, First, Middle Initial) MR. JOHN C. JONES Mailing Address 441 WALKER ROAD City State Zip Code MOUNT PLEASANT NC 28124-9593 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 9 Amount of Each Receipt this Period 10.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2947556
Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10.00		

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. ROMAN K. KAHN

Mailing Address

1175 DEERFIELD PLACE

City

HIGHLAND PARK

State

IL

Zip Code

60035-3064

FEC ID number of contributing
federal political committee.Name of Employer
SARGENT R. LUNDYOccupation
ENGINEER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

90.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	0	9

Amount of Each Receipt this Period

90.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947521

B.

Full Name (Last, First, Middle Initial)

MR. KESTUTIS A. KEBLYS

Mailing Address

15225 SEVEN PINES AVENUE

City

BATON ROUGE

State

LA

Zip Code

70817-3031

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

45.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Amount of Each Receipt this Period

45.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946863

C.

Full Name (Last, First, Middle Initial)

MRS. LINDA M. KENNEDY

Mailing Address

2720 MERRILL MOUNTAIN ROAD

City

GRANT

State

AL

Zip Code

35747-8517

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Amount of Each Receipt this Period

16.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946960

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. R. DAVID KENT

Mailing Address

12811 N. 44TH DRIVE

City

GLENDALE

State

AZ

Zip Code

85304-2111

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

10.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945538

B.

Full Name (Last, First, Middle Initial)

MRS. LEONA E. KREMER

Mailing Address

500 SE CONIFER CIRCLE

City

SUBLIMITY

State

OR

Zip Code

97385-9588

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945549

C.

Full Name (Last, First, Middle Initial)

MRS. GUNVOR H. LACOUR

Mailing Address

820D HUGHES LANE

City

LEXINGTON

State

KY

Zip Code

40511-8490

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946785

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

R. LANTUA

Mailing Address

2245 TRANSOM WAY

City

SAN LEANDRO

State

CA

Zip Code

94577-5447

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

26.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

26.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946800

B.

Full Name (Last, First, Middle Initial)

MR. HAROLD H. LAVERTY

Mailing Address

6813 ROCHESTER AVENUE

City

LUBBOCK

State

TX

Zip Code

79424-0709

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947559

C.

Full Name (Last, First, Middle Initial)

MR. GARY LONG

Mailing Address

306 PULLEN LANE

City

REVA

State

VA

Zip Code

22735-3551

FEC ID number of contributing
federal political committee.Name of Employer
ACE TRIM CARPENTRY, INC.

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Occupation

EXECUTIVE

Election Cycle-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	0	9

Amount of Each Receipt this Period

10.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945498

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. GARY LONG

Mailing Address

306 PULLEN LANE

City

REVA

State

VA

Zip Code

22735-3551

FEC ID number of contributing
federal political committee.Name of Employer
ACE TRIM CARPENTRY, INC.Occupation
EXECUTIVE

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	0	9

Amount of Each Receipt this Period

10.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946702

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT J. LOPEZ

Mailing Address

18878 E. BRIARWOOD DRIVE

City

CENTENNIAL

State

CO

Zip Code

80016-2102

FEC ID number of contributing
federal political committee.Name of Employer
US WESTOccupation
NETWORK VICE PRESIDENT

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945470

C.

Full Name (Last, First, Middle Initial)

MR. MARTY MASTERMAN

Mailing Address

P.O. BOX 6663

City

FRAZIER PARK

State

CA

Zip Code

93222-6663

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947523

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) MS. UNA M. MEAD Mailing Address 5510 E. ROCKINGHAM ROAD City State Zip Code GREENSBORO NC 27407-7242 FEC ID number of contributing federal political committee. Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 25.00	Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 9 Amount of Each Receipt this Period 25.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2946790
B. Full Name (Last, First, Middle Initial) MR. PETER H. MERLIN Mailing Address 7275 IRWIN COURT City State Zip Code FORT COLLINS CO 80528-9556 FEC ID number of contributing federal political committee. Name of Employer Occupation RETIRED Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00	Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 9 Amount of Each Receipt this Period 200.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2947584
C. Full Name (Last, First, Middle Initial) MR. DANIEL B. MILLER Mailing Address 654 GILLEY HILL ROAD City State Zip Code BRADYVILLE TN 37026-5218 FEC ID number of contributing federal political committee. Name of Employer SAIA TRANSPORT Occupation TRUCKER Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00	Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9 Amount of Each Receipt this Period 25.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2946958

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) MRS. MAVIS L. MILLER Mailing Address 26 JOSEPHINE STREET City State Zip Code DORCHESTER MA 02122-1410 FEC ID number of contributing federal political committee. Name of Employer Occupation RETIRE Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 9 Amount of Each Receipt this Period 50.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2949513
B. Full Name (Last, First, Middle Initial) MR. ROBERT MITCHELL Mailing Address 1713 MANSFIELD ROAD City State Zip Code BIRMINGHAM MI 48009-7273 FEC ID number of contributing federal political committee. Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 9 Amount of Each Receipt this Period 25.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2945439
C. Full Name (Last, First, Middle Initial) MR. JAMES R. MOORE Mailing Address 1211 S.W. 5TH AVENUE SUITE 1800 City State Zip Code PORTLAND OR 97204-3718 FEC ID number of contributing federal political committee. Name of Employer Occupation RETIRE Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 150.00	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 9 Amount of Each Receipt this Period 150.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2946795

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. LESLIE E. MULLINS, JR.

Mailing Address

6732 W. COUNTY LINE ROAD

City

PAW PAW

State

IL

Zip Code

61353-9424

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYEDOccupation
FARMING

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946796

B.

Full Name (Last, First, Middle Initial)

MR. CLARENCE T. MURPHY

Mailing Address

311 BROADWAY

City

FREEHOLD

State

NJ

Zip Code

07728-1414

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

30.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	0	9

Amount of Each Receipt this Period

30.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946808

C.

Full Name (Last, First, Middle Initial)

MR. JIM NELSON

Mailing Address

4491 ATOLL LANE

City

MEMPHIS

State

TN

Zip Code

38118-7116

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946864

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. PAUL NEW

Mailing Address

P.O. BOX 670

City

DENVER CITY

State

TX

Zip Code

79323-0670

FEC ID number of contributing
federal political committee.

Name of Employer
SELF-EMPLOYED

Occupation
ATTORNEY

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Amount of Each Receipt this Period

35.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946948

B.

Full Name (Last, First, Middle Initial)

MRS. BETTY NEWMAN

Mailing Address

1282 SHASTA AVENUE

City

SAN JOSE

State

CA

Zip Code

95126-2636

FEC ID number of contributing
federal political committee.

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947525

C.

Full Name (Last, First, Middle Initial)

MR. RONALD W. OHLSON

Mailing Address

5153 W. 80TH AVENUE

City

ANCHORAGE

State

AK

Zip Code

99502-4114

FEC ID number of contributing
federal political committee.

Name of Employer
SELF-EMPLOYED

Occupation
COUNSELOR

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 9 / 2 0 0 9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947535

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. DENNIS W. OLSEN

Mailing Address

924 MAPLETON

City

OAK PARK

State

IL

Zip Code

60302-1404

FEC ID number of contributing
federal political committee.Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946862

B.

Full Name (Last, First, Middle Initial)

MR. KENNETH G. OLSEN

Mailing Address

92 HOOVERTON PLACE

City

EAST WINDSOR

State

NJ

Zip Code

08520-5713

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945501

C.

Full Name (Last, First, Middle Initial)

MR. WEN LEN PAI

Mailing Address

6414 79TH STREET

City

MIDDLE VILLAGE

State

NY

Zip Code

11379-2348

FEC ID number of contributing
federal political committee.Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	9

Amount of Each Receipt this Period

300.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947530

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. WEN LEN PAI

Mailing Address

6414 79TH STREET

City

MIDDLE VILLAGE

State

NY

Zip Code

11379-2348

FEC ID number of contributing
federal political committee.

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 6 / 2 0 0 9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947561

B.

Full Name (Last, First, Middle Initial)

MR. JAMES PARKER

Mailing Address

2517 W. FULLERTON AVENUE

APARTMENT 417

City

CHICAGO

State

IL

Zip Code

60647-3175

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Amount of Each Receipt this Period

20.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946914

C.

Full Name (Last, First, Middle Initial)

MR. L. DEAN PARKS

Mailing Address

2420 S.E. 15TH STREET

City

OCALA

State

FL

Zip Code

34471-2607

FEC ID number of contributing
federal political committee.

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Amount of Each Receipt this Period

20.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946803

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. LOUIS A. PAVONE

Mailing Address

770 ANDERSON AVENUE

APT. 8C

City

CLIFFSIDE PARK

State

NJ

Zip Code

07010-2177

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	9	

Amount of Each Receipt this Period

20.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946854

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM PENA

Mailing Address

P.O. BOX 6088

City

GREAT FALLS

State

MT

Zip Code

59406-6088

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	9	

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945448

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD L. PERKINS

Mailing Address

4332 MOUNTAIN VIEW RD

City

SNOWFLAKE

State

AZ

Zip Code

85937-5723

FEC ID number of contributing
federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	9	

Amount of Each Receipt this Period

20.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946860

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. PRAMOD K. POUDYAL

Mailing Address

3810 S. REDWOOD ROAD APARTMENT 1166

City

SALT LAKE

State

UT

Zip Code

84119-6536

FEC ID number of contributing
federal political committee.Name of Employer
YELLOW CAB COMPANY

Occupation

TAXI CAB/DRIVER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945490

B.

Full Name (Last, First, Middle Initial)

MS. ADA N. POWER

Mailing Address

1690 PINE HARRIER CIRCLE

City

SARASOTA

State

FL

Zip Code

34231-3353

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945491

C.

Full Name (Last, First, Middle Initial)

MRS. CLARA RAGAN

Mailing Address

804 OLD FAYETTEVILLE ROAD

City

CHAPEL HILL

State

NC

Zip Code

27516-7933

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

Amount of Each Receipt this Period

20.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945437

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. FREDERIC D. RAHR

Mailing Address

26410 S. BEECH CREEK DRIVE

City

SUN LAKES

State

AZ

Zip Code

85248-7217

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945537

B.

Full Name (Last, First, Middle Initial)

MR. KENNETH REAGAN

Mailing Address

1001 S. BACONE ST.

City

MUSKOGEE

State

OK

Zip Code

74403-7608

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946774

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD REITSMA

Mailing Address

506 S. 39TH PLACE

City

MOUNT VERNON

State

WA

Zip Code

98274-8734

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947531

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) MRS. MILDRED W. RICHARDS Mailing Address 44 HUETTE ESTES ROAD City State Zip Code JASPER AL 35504-3866 FEC ID number of contributing federal political committee. Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 35.00	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 9 Amount of Each Receipt this Period 35.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2947160
B. Full Name (Last, First, Middle Initial) MR. JOSE A. ROIZ Mailing Address 561 S.W. 5TH STREET City State Zip Code MIAMI FL 33130-2729 FEC ID number of contributing federal political committee. Name of Employer Occupation RETIRED Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 9 Amount of Each Receipt this Period 25.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2946950
C. Full Name (Last, First, Middle Initial) MRS. DOLORES RUBIO Mailing Address 2209 CUTLER AVENUE NE City State Zip Code ALBUQUERQUE NM 87106-2548 FEC ID number of contributing federal political committee. Name of Employer Occupation RETIRED Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4.00	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 9 Amount of Each Receipt this Period 4.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2946780

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) MR. MICHAEL J. RYAN Mailing Address 13527 NICKLAUS DRIVE City State Zip Code ORLAND PARK IL 60462-4265 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 9 Amount of Each Receipt this Period 10.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2947581
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 10.00		
B. Full Name (Last, First, Middle Initial) MR. ARTHUR C. SAWYER Mailing Address 444 HILLBORO DRIVE City State Zip Code BLOOMFIELD HILLS MI 48301-3323 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 9 Amount of Each Receipt this Period 25.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2946852
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 25.00		
C. Full Name (Last, First, Middle Initial) MS. LINDA D. SCALA Mailing Address 6014 N. 81ST STREET City State Zip Code SCOTTDALE AZ 85250-5858 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 9 Amount of Each Receipt this Period 30.00 TRANSFER [MEMO ITEM] REDESIGNATION FROM PRIMARY Transaction ID: SA17A.2946942
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 30.00		

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MRS. LUREE SCHMUTZ

Mailing Address

479 S. 700 W.

City

CEDAR CITY

State

UT

Zip Code

84720-3026

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946956

B.

Full Name (Last, First, Middle Initial)

MR. JAMES G. SCHWAB

Mailing Address

3800 W. GRACE AVENUE

City

MEQUON

State

WI

Zip Code

53092-2765

FEC ID number of contributing
federal political committee.

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 3 / 2 0 0 9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946798

C.

Full Name (Last, First, Middle Initial)

MS. DOROTHY SHANNON

Mailing Address

P.O. BOX 534

City

WINCHESTER

State

MA

Zip Code

01890-0734

FEC ID number of contributing
federal political committee.

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Amount of Each Receipt this Period

200.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946955

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. A.W. SHELHORSE, JR.

Mailing Address

8890 EPHEUSUS CHURCH ROAD

City

VILLA RICA

State

GA

Zip Code

30180-3107

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	9	

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947558

B.

Full Name (Last, First, Middle Initial)

MS. SHARON SIGRIST

Mailing Address

2215 DIXON AVENUE

City

GRAND JUNCTION

State

CO

Zip Code

81507-1126

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	9	

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2949519

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD D. SMITH, JR.

Mailing Address

1474 FLORAWOOD DRIVE

City

COLUMBIA

State

SC

Zip Code

29204-3915

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	9	

Amount of Each Receipt this Period

500.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2949515

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS M. SMITH

Mailing Address

6516 BOUTALL STREET

City

METAIRIE

State

LA

Zip Code

70003-3551

FEC ID number of contributing
federal political committee.Name of Employer
DESIGN ENGRG., INC.Occupation
CIVIL ENGR.

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	0	9

Amount of Each Receipt this Period

200.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947583

B.

Full Name (Last, First, Middle Initial)

MRS. WILMA SMITH

Mailing Address

1474 FLORAWOOD DRIVE

City

COLUMBIA

State

SC

Zip Code

29204-3915

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation
HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	0	9

Amount of Each Receipt this Period

500.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2949516

C.

Full Name (Last, First, Middle Initial)

MR. HOWARD W. SPEAKS

Mailing Address

2008 GOLF COURSE ROAD

R.R. 5 BOX 340

City

MARTINSBURG

State

WV

Zip Code

25405-5677

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	7	/	2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947557

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD B. SPILLER

Mailing Address

1513 FONTAINE DRIVE

City

COLLEGE STATION

State

TX

Zip Code

77845-5609

FEC ID number of contributing
federal political committee.Name of Employer
TEXAS A. & M. UNIVERSITY

Occupation

ASSOCIATE DIRECTOR

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946794

B.

Full Name (Last, First, Middle Initial)

MR. STANLEY J. SPRADLING

Mailing Address

2203 DOGWOOD DRIVE

City

WEST POINT

State

MS

Zip Code

39773-9208

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946865

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT J. STANZ

Mailing Address

1011 WILDER ROAD

City

LAKELAND

State

FL

Zip Code

33809-5270

FEC ID number of contributing
federal political committee.Name of Employer
UNEMPLOYED

Occupation

HOMEMAKER/TEACHER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946804

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD J. STASKUS

Mailing Address

84 W. SANTA CLARA STREET SUITE 840

City

SAN JOSE

State

CA

Zip Code

95113-1810

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYEDOccupation
ATTORNEY

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

500.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945551

B.

Full Name (Last, First, Middle Initial)

MRS. RITA D. STAUFFER

Mailing Address

1838 WESLEY AVE.

City

OCEAN CITY

State

NJ

Zip Code

08226-2832

FEC ID number of contributing
federal political committee.Name of Employer
JOHNSON'S POPCORN, INC.Occupation
OWNER-PRESIDENT

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945469

C.

Full Name (Last, First, Middle Initial)

MRS. LYND A. STRAND

Mailing Address

608 LILLIAN WAY

City

LOS ANGELES

State

CA

Zip Code

90004-1108

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

26.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

26.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946776

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MRS. MARY L. STUIT

Mailing Address

2971 S. CRUZEN ROAD

City

MIKADO

State

MI

Zip Code

48745-9737

FEC ID number of contributing
federal political committee.Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

30.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	9	

Amount of Each Receipt this Period

30.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946779

B.

Full Name (Last, First, Middle Initial)

MR. ALBERT E. SUTER

Mailing Address

16 UPPER PRICE RD

City

SAINT LOUIS

State

MO

Zip Code

63132-4470

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	9	

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946859

C.

Full Name (Last, First, Middle Initial)

MRS. MICHAELA SUTER

Mailing Address

16 UPPER PRICE RD

City

SAINT LOUIS

State

MO

Zip Code

63132-4470

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation
HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	9	

Amount of Each Receipt this Period

2300.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946858

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MRS. MARY ANN SWITZER

Mailing Address

7080 NORTH RIVER ROAD

City

MILWAUKEE

State

WI

Zip Code

53217-3730

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼
Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946775

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL E. SZELA

Mailing Address

239 BOG ROAD

City

AUGUSTA

State

ME

Zip Code

04330-7925

FEC ID number of contributing
federal political committee.Name of Employer
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼
Occupation
RETIRED

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946784

C.

Full Name (Last, First, Middle Initial)

MR. JESSE F. THOMAS

Mailing Address

1635 KAIBAB LOOP

City

PRESCOTT

State

AZ

Zip Code

86303-5304

FEC ID number of contributing
federal political committee.

Name of Employer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼
Occupation
RETIRED

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	0	9

Amount of Each Receipt this Period

200.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946806

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. DUANE G. TIEMENS

Mailing Address

1848 195TH STREET

City

MANCHESTER

State

IA

Zip Code

52057-8713

FEC ID number of contributing
federal political committee.Name of Employer
GOSLING & COMPANY CO.Occupation
C.P.A.

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2949514

B.

Full Name (Last, First, Middle Initial)

MRS. BETTY M. TUCKER

Mailing Address

312 THIBODEAUX DRIVE

City

LAFAYETTE

State

LA

Zip Code

70503-4444

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

35.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

Amount of Each Receipt this Period

35.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946793

C.

Full Name (Last, First, Middle Initial)

HERSHEL G. TURNER

Mailing Address

4002 PARK DRIVE

City

COLUMBIA

State

TN

Zip Code

38401-5025

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946944

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. DANIEL A. VAN DAM

Mailing Address

1540 FISHER DRIVE

City

HUBBARD

State

OH

Zip Code

44425-3303

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Occupation

MANUFACTURING REPRESENTATIVE

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	0	9

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947536

B.

Full Name (Last, First, Middle Initial)

MS. NANCY N. WALSH

Mailing Address

555 FOXWORTH BLVD.

LEXINGTON SQUARE

City

LOMBARD

State

IL

Zip Code

60148-7031

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

45.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Amount of Each Receipt this Period

45.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947582

C.

Full Name (Last, First, Middle Initial)

MR. LUTHER M. WELCH

Mailing Address

3535 KIRBY ROAD

APARTMENT J-208

City

MEMPHIS

State

TN

Zip Code

38115-3720

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	0	9

Amount of Each Receipt this Period

10.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947522

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MR. FRANK J. WELLMANN

Mailing Address

1760 SHAWNEE ROAD

City

LIMA

State

OH

Zip Code

45805-3838

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

Amount of Each Receipt this Period

25.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946797

B.

Full Name (Last, First, Middle Initial)

MR. CHAD S. WHITE, SR.

Mailing Address

1008 LAWTON CIRCLE

City

MAGNOLIA

State

AR

Zip Code

71753-2547

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Occupation

GEOLOGIST

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

Amount of Each Receipt this Period

500.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946952

C.

Full Name (Last, First, Middle Initial)

MS. JANET I. WHITE

Mailing Address

3670 N. COUNTY LINE ROAD

City

GRANDVIEW

State

WA

Zip Code

98930-9076

FEC ID number of contributing
federal political committee.

Name of Employer

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Occupation

RETIRED

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2946857

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MRS. LEEANN JONES WIESER

Mailing Address

5840 W. BLOOMFIELD ROAD

City

GLENDALE

State

AZ

Zip Code

85304-1833

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼
Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	9	

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947588

B.

Full Name (Last, First, Middle Initial)

MR. CRESS WILLIAMSON

Mailing Address

425 UNIVERSITY AVENUE

SUITE 220

City

SACRAMENTO

State

CA

Zip Code

95825-6509

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼
Occupation
REAL ESTATE BROKERS

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	9	

Amount of Each Receipt this Period

200.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2947519

C.

Full Name (Last, First, Middle Initial)

MR. PAUL ZATICA

Mailing Address

P.O. BOX 937

City

HOMEDALE

State

ID

Zip Code

83628-0937

FEC ID number of contributing
federal political committee.Name of Employer
PAUL'S MARKET

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼
Occupation
RETIRED

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	9	

Amount of Each Receipt this Period

300.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2945497

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

LENOX REP TOWN COMMITTEE

Mailing Address

P.O. BOX 439

City

LENOX

State

MA

Zip Code

01240-0439

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	0	9

Amount of Each Receipt this Period

200.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17B.2946855

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

617559.46

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MCCAIN PALIN 2008 INC

Mailing Address

PO BOX 16118

City

ARLINGTON

State

VA

Zip Code

22215

FEC ID number of contributing
federal political committee.

C00453928

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

110043.51

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Amount of Each Receipt this Period

28881.80

REFUND- ALLOCABLE EXPENSE

Transaction ID: SA20A.3

B.

Full Name (Last, First, Middle Initial)

MCCAIN-PALIN 2008 INC

Mailing Address

PO BOX 16118

City

ARLINGTON

State

VA

Zip Code

22215

FEC ID number of contributing
federal political committee.

C00453928

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

110043.51

Date of Receipt

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

Amount of Each Receipt this Period

365.07

REFUND- ALLOCABLE EXPENSE

Transaction ID: SA20A.2

C.

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.

C00453738

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

242690.20

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Amount of Each Receipt this Period

242690.20

REIMBURSEMENT-POSTAGE/PHONE SVC/CATERING

Transaction ID: SA20A.5

SUBTOTAL of Receipts This Page (optional)

271937.07

TOTAL This Period (last page this line number only)

271937.07

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 278

(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

EAGLE BANK

Mailing Address

4831 CORDELL AVE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11212.07

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Amount of Each Receipt this Period

1958.24

INTEREST EARNING

Transaction ID: SA21.1

B.

Full Name (Last, First, Middle Initial)

EAGLE BANK

Mailing Address

4831 CORDELL AVE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11212.07

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 7 / 2 0 0 9

Amount of Each Receipt this Period

159.71

INTEREST EARNING

Transaction ID: SA21.2

C.

Full Name (Last, First, Middle Initial)

EAGLE BANK

Mailing Address

4831 CORDELL AVE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11212.07

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Amount of Each Receipt this Period

33.63

INTEREST EARNING

Transaction ID: SA21.3

SUBTOTAL of Receipts This Page (optional)

2151.58

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 278

(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

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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.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

96208.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	0	9

Amount of Each Receipt this Period

19144.54

INTEREST EARNING

Transaction ID: SA21.4

B.

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.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

96208.79

Date of Receipt

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

Amount of Each Receipt this Period

13470.64

INTEREST EARNING

Transaction ID: SA21.5

C.

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.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

96208.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	9

Amount of Each Receipt this Period

1.45

INTEREST EARNING

Transaction ID: SA21.6

SUBTOTAL of Receipts This Page (optional)

32616.63

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 278

(check only one)

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

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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.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

96208.79

Date of Receipt

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

Amount of Each Receipt this Period

16568.78

INTEREST EARNING

Transaction ID: SA21.7

SUBTOTAL of Receipts This Page (optional)

16568.78

TOTAL This Period (last page this line number only)

51336.99

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 81 / 278

<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.

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
REIMBURSEMENT FOR ALLOCABLE EXPENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.306

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

586.10

B.

Full Name (Last, First, Middle Initial)

MCCAIN-PALIN 2008 INC

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
REIMBURSEMENT FOR ALLOCABLE EXPENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.294

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

120.82

C.

Full Name (Last, First, Middle Initial)

MCCAIN-PALIN 2008 INC

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
REIMBURSEMENT FOR ALLOCABLE EXPENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.295

Date of Disbursement

03 / 09 / 2009

Amount of Each Disbursement this Period

23300.00

SUBTOTAL of Disbursements This Page (optional)

24006.92

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)

PAGE 82 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

MCCAIN-PALIN 2008 INC

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
REIMBURSEMENT FOR ALLOCABLE EXPENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.305

Date of Disbursement

/ /

Amount of Each Disbursement this Period

140637.22

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

Purpose of Disbursement
REIMBURSEMENT- PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.296

Date of Disbursement

/ /

Amount of Each Disbursement this Period

81188.74

C.

Full Name (Last, First, Middle Initial)

PHIL ADAMS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2702.12

SUBTOTAL of Disbursements This Page (optional)

224528.08

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)

PAGE 83 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

PHIL ADAMS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.161

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2702.12

B.

Full Name (Last, First, Middle Initial)

PHIL ADAMS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.190

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2702.12

C.

Full Name (Last, First, Middle Initial)

PHIL ADAMS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.217

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2702.12

SUBTOTAL of Disbursements This Page (optional)

8106.36

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)

PAGE 84 / 278

<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.

A. Full Name (Last, First, Middle Initial) PHIL ADAMS <hr/> Mailing Address PO BOX 16118	Transaction ID: SB23.244 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
<div> <div>City ARLINGTON State VA Zip Code 22215</div> <div>Purpose of Disbursement PAYROLL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>2702.11</div>
B. Full Name (Last, First, Middle Initial) PHIL ADAMS <hr/> Mailing Address PO BOX 16118	Transaction ID: SB23.90 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City ARLINGTON State VA Zip Code 22215</div> <div>Purpose of Disbursement PAYROLL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>2702.12</div>
C. Full Name (Last, First, Middle Initial) TOM ADAMS <hr/> Mailing Address PO BOX 16118	Transaction ID: SB23.137 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div>
<div> <div>City ARLINGTON State VA Zip Code 22215</div> <div>Purpose of Disbursement PAYROLL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>1291.85</div>

SUBTOTAL of Disbursements This Page (optional) ►

6696.08

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)

PAGE 85 / 278

<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.

A. Full Name (Last, First, Middle Initial) TOM ADAMS	Transaction ID: SB23.168 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1291.85</td> </tr> </table>	1291.85																			
1291.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TOM ADAMS	Transaction ID: SB23.197 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1291.85</td> </tr> </table>	1291.85																			
1291.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TOM ADAMS	Transaction ID: SB23.224 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1291.85</td> </tr> </table>	1291.85																			
1291.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3875.55

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)

PAGE 86 / 278

<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.

A. Full Name (Last, First, Middle Initial) TOM ADAMS	Transaction ID: SB23.251 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1314.06</td> </tr> </table>																				1314.06
									1314.06												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TOM ADAMS	Transaction ID: SB23.98 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1291.85</td> </tr> </table>																				1291.85
									1291.85												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SOFIA AMAYA	Transaction ID: SB23.136 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1162.08</td> </tr> </table>																				1162.08
									1162.08												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3767.99

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)

PAGE 87 / 278

<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.

A. Full Name (Last, First, Middle Initial) SOFIA AMAYA	Transaction ID: SB23.167 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1214.93</td> </tr> </table>	1214.93																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SOFIA AMAYA	Transaction ID: SB23.196 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1267.78</td> </tr> </table>	1267.78																			
1267.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SOFIA AMAYA	Transaction ID: SB23.223 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1214.93</td> </tr> </table>	1214.93																			
1214.93																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3697.64

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)

PAGE 88 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.250

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

1237.14

B.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.97

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

1162.08

C.

Full Name (Last, First, Middle Initial)

CAITLIN ASHLOCK

Mailing Address 834 GRANT ST STE 2

City
SANTA MONICA

State
CA

Zip Code
90405

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.41

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

7751.20

SUBTOTAL of Disbursements This Page (optional)

10150.42

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)

PAGE 89 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

LEEANDRA BIELER-CHEN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.120

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

2434.67

B.

Full Name (Last, First, Middle Initial)

LEEANDRA BIELER-CHEN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.155

Date of Disbursement

02 / 15 / 2009

Amount of Each Disbursement this Period

2094.33

C.

Full Name (Last, First, Middle Initial)

LEEANDRA BIELER-CHEN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.185

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

980.49

SUBTOTAL of Disbursements This Page (optional)

5509.49

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)

PAGE 90 / 278

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

LEEANDRA BIELER-CHEN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.212

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1568.35

B.

Full Name (Last, First, Middle Initial)

LEEANDRA BIELER-CHEN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.239

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1323.22

C.

Full Name (Last, First, Middle Initial)

LEEANDRA BIELER-CHEN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.81

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2481.08

SUBTOTAL of Disbursements This Page (optional)

5372.65

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)

PAGE 91 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

LAUREN BOOZMAN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.119

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1097.01

B.

Full Name (Last, First, Middle Initial)

LAUREN BOOZMAN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.154

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1097.01

C.

Full Name (Last, First, Middle Initial)

LAUREN BOOZMAN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.184

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1097.01

SUBTOTAL of Disbursements This Page (optional)

3291.03

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)

PAGE 92 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

LAUREN BOOZMAN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.211

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1097.01

B.

Full Name (Last, First, Middle Initial)

LAUREN BOOZMAN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.238

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1115.88

C.

Full Name (Last, First, Middle Initial)

LAUREN BOOZMAN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.80

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1097.01

SUBTOTAL of Disbursements This Page (optional)

3309.90

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)

PAGE 93 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

MARK BRADEN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.123

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1496.45

B.

Full Name (Last, First, Middle Initial)

MARK BRADEN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.84

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1496.45

C.

Full Name (Last, First, Middle Initial)

ELLEN BRADLEY

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.206

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1906.71

SUBTOTAL of Disbursements This Page (optional)

4899.61

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)

PAGE 94 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

ELLEN BRADLEY

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.233

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1928.91

B.

Full Name (Last, First, Middle Initial)

KEVIN BROGHAMER

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.117

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3499.51

C.

Full Name (Last, First, Middle Initial)

KEVIN BROGHAMER

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.78

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1961.72

SUBTOTAL of Disbursements This Page (optional)

7390.14

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)

PAGE 95 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

KEVIN BROGHAMER

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

53686.11

B.

Full Name (Last, First, Middle Initial)

BENJAMIN BURGESS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1284.15

C.

Full Name (Last, First, Middle Initial)

BENJAMIN BURGESS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.143

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1284.15

SUBTOTAL of Disbursements This Page (optional)

56254.41

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)

PAGE 96 / 278

<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.

A. Full Name (Last, First, Middle Initial) BENJAMIN BURGESS	Transaction ID: SB23.175 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1</td><td>2</td><td>8</td><td>4</td><td>.</td><td>1</td><td>5</td> </tr> </table>	1	2	8	4	.	1	5													
1	2	8	4	.	1	5															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BENJAMIN BURGESS	Transaction ID: SB23.203 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1</td><td>2</td><td>8</td><td>4</td><td>.</td><td>1</td><td>5</td> </tr> </table>	1	2	8	4	.	1	5													
1	2	8	4	.	1	5															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BENJAMIN BURGESS	Transaction ID: SB23.230 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1</td><td>3</td><td>0</td><td>6</td><td>.</td><td>3</td><td>6</td> </tr> </table>	1	3	0	6	.	3	6													
1	3	0	6	.	3	6															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3874.66

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)

PAGE 97 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

BENJAMIN BURGESS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.67

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1284.15

B.

Full Name (Last, First, Middle Initial)

ANTHONY CASALE, JR

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.104

Date of Disbursement

/ /

Amount of Each Disbursement this Period

403.39

C.

Full Name (Last, First, Middle Initial)

ANTHONY CASALE, JR

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.142

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1214.10

SUBTOTAL of Disbursements This Page (optional)

2901.64

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)

PAGE 98 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

ANTHONY CASALE, JR

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.174

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1341.01

B.

Full Name (Last, First, Middle Initial)

ANTHONY CASALE, JR

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.202

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1221.26

C.

Full Name (Last, First, Middle Initial)

ANTHONY CASALE, JR

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

968.06

SUBTOTAL of Disbursements This Page (optional)

3530.33

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)

PAGE 99 / 278

<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.

A. Full Name (Last, First, Middle Initial) AMELIA CHASSE Mailing Address PO BOX 16118	Transaction ID: SB23.100 Date of Disbursement <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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	1		2	0	0	9													
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1209.14</td> </tr> </table>	1209.14																				
1209.14																						
B. Full Name (Last, First, Middle Initial) AMELIA CHASSE Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.138 Date of Disbursement <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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1209.14</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	9	1209.14
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	5		2	0	0	9													
1209.14																						
C. Full Name (Last, First, Middle Initial) AMELIA CHASSE Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.170 Date of Disbursement <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>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1209.14</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9	1209.14
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	7		2	0	0	9													
1209.14																						

SUBTOTAL of Disbursements This Page (optional)

3627.42

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)

PAGE 100 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

AMELIA CHASSE

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.198

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1209.14

B.

Full Name (Last, First, Middle Initial)

AMELIA CHASSE

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.225

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1231.35

C.

Full Name (Last, First, Middle Initial)

AMELIA CHASSE

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.63

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1209.14

SUBTOTAL of Disbursements This Page (optional)

3649.63

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)

PAGE 101 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

WHITNEY CLARK

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.290

Date of Disbursement

/ /

Amount of Each Disbursement this Period

106.96

B.

Full Name (Last, First, Middle Initial)

ANDREA CROSBY

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.101

Date of Disbursement

/ /

Amount of Each Disbursement this Period

756.57

C.

Full Name (Last, First, Middle Initial)

ANDREA CROSBY

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.139

Date of Disbursement

/ /

Amount of Each Disbursement this Period

769.50

SUBTOTAL of Disbursements This Page (optional)

1633.03

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)

PAGE 102 / 278

<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.

A. Full Name (Last, First, Middle Initial) ANDREA CROSBY Mailing Address PO BOX 16118	Transaction ID: SB23.171 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>821.25</div>
B. Full Name (Last, First, Middle Initial) ANDREA CROSBY Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.199 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>795.37</div>
C. Full Name (Last, First, Middle Initial) ANDREA CROSBY Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.226 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>750.05</div>

SUBTOTAL of Disbursements This Page (optional)

2366.67

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)

PAGE 103 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

ANDREA CROSBY

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.64

Date of Disbursement

/ /

Amount of Each Disbursement this Period

769.50

B.

Full Name (Last, First, Middle Initial)

MICHAEL DEW

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.125

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1778.37

C.

Full Name (Last, First, Middle Initial)

MICHAEL DEW

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.86

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1778.37

SUBTOTAL of Disbursements This Page (optional)

4326.24

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)

PAGE 104 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

MICHAEL DUHAIME

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25000.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL DUHAIME

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.16

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25000.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL DUHAIME

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.6

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25000.00

SUBTOTAL of Disbursements This Page (optional)

75000.00

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)

PAGE 105 / 278

<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.

A. Full Name (Last, First, Middle Initial) CHRISTOPHER ERB Mailing Address PO BOX 16118	Transaction ID: SB23.109 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1260.44</div>
B. Full Name (Last, First, Middle Initial) CHRISTOPHER ERB Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.147 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1260.44</div>
C. Full Name (Last, First, Middle Initial) CHRISTOPHER ERB Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1260.44</div>

SUBTOTAL of Disbursements This Page (optional)

3781.32

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)

PAGE 106 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

CHARISSA FOSTER

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

945.62

B.

Full Name (Last, First, Middle Initial)

CHARISSA FOSTER

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.145

Date of Disbursement

/ /

Amount of Each Disbursement this Period

945.62

C.

Full Name (Last, First, Middle Initial)

CHARISSA FOSTER

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.177

Date of Disbursement

/ /

Amount of Each Disbursement this Period

945.62

SUBTOTAL of Disbursements This Page (optional)

2836.86

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)

PAGE 107 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

CHARISSA FOSTER

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.69

Date of Disbursement

/ /

Amount of Each Disbursement this Period

945.62

B.

Full Name (Last, First, Middle Initial)

ROBERT GREEN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.132

Date of Disbursement

/ /

Amount of Each Disbursement this Period

506.55

C.

Full Name (Last, First, Middle Initial)

ROBERT GREEN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.164

Date of Disbursement

/ /

Amount of Each Disbursement this Period

595.54

SUBTOTAL of Disbursements This Page (optional)

2047.71

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)

PAGE 108 / 278

<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.

A. Full Name (Last, First, Middle Initial) ROBERT GREEN Mailing Address PO BOX 16118	Transaction ID: SB23.193 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>677.00</div>
B. Full Name (Last, First, Middle Initial) ROBERT GREEN Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.220 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>630.27</div>
C. Full Name (Last, First, Middle Initial) ROBERT GREEN Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.247 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>589.84</div>

SUBTOTAL of Disbursements This Page (optional)

1897.11

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)

PAGE 109 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

ROBERT GREEN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.93

Date of Disbursement

/ /

Amount of Each Disbursement this Period

462.43

B.

Full Name (Last, First, Middle Initial)

HILARY HALPERN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.114

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1115.74

C.

Full Name (Last, First, Middle Initial)

HILARY HALPERN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.150

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1115.74

SUBTOTAL of Disbursements This Page (optional)

2693.91

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)

PAGE 110 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

HILARY HALPERN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.180

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1115.74

B.

Full Name (Last, First, Middle Initial)

HILARY HALPERN

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.75

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1115.74

C.

Full Name (Last, First, Middle Initial)

KAREN HAMMOND

Mailing Address 1938 W RUGER PL

City
FARMINGTON

State
UT

Zip Code
84025

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.44

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3203.00

SUBTOTAL of Disbursements This Page (optional)

5434.48

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)

PAGE 111 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

KAREN KESSENICH

Mailing Address 12186 HICKORY KNOLL PL

City
FAIRFAX

State
VA

Zip Code
22033

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.46

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10132.00

B.

Full Name (Last, First, Middle Initial)

NICHOLAS KLITZING

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1062.53

C.

Full Name (Last, First, Middle Initial)

NICHOLAS KLITZING

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.88

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1816.39

SUBTOTAL of Disbursements This Page (optional)

13010.92

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)

PAGE 112 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

ANDREW LAMMERS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1396.85

B.

Full Name (Last, First, Middle Initial)

ANDREW LAMMERS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.140

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1396.85

C.

Full Name (Last, First, Middle Initial)

ANDREW LAMMERS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.172

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1396.85

SUBTOTAL of Disbursements This Page (optional)

4190.55

TOTAL This Period (last page this line number only)

X	23		24		25		26		27a
	27b		28a		28b		28c		29

MCCAIN-PALIN COMPLIANCE FUND, INC.

FEC Schedule B (Form 3P)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 114 / 278

<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.

A. Full Name (Last, First, Middle Initial) CHARLES LIEBSCHUTZ Mailing Address PO BOX 16118	Transaction ID: SB23.108 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2100.25</div>
B. Full Name (Last, First, Middle Initial) CHARLES LIEBSCHUTZ Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.146 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2100.25</div>
C. Full Name (Last, First, Middle Initial) CHARLES LIEBSCHUTZ Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.178 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2091.15</div>

SUBTOTAL of Disbursements This Page (optional)

6291.65

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)

PAGE 115 / 278

<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.

A. Full Name (Last, First, Middle Initial) CHARLES LIEBSCHUTZ Mailing Address PO BOX 16118	Transaction ID: SB23.205 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>2091.15</div>
B. Full Name (Last, First, Middle Initial) CHARLES LIEBSCHUTZ Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.232 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2113.36</div>
C. Full Name (Last, First, Middle Initial) CHARLES LIEBSCHUTZ Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.70 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2100.25</div>

SUBTOTAL of Disbursements This Page (optional)

6304.76

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)

PAGE 116 / 278

<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.

A. Full Name (Last, First, Middle Initial) MATTHEW LOCKWOOD Mailing Address PO BOX 16118	Transaction ID: SB23.124 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>988.29</div>
B. Full Name (Last, First, Middle Initial) MATTHEW LOCKWOOD Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.158 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>988.29</div>
C. Full Name (Last, First, Middle Initial) MATTHEW LOCKWOOD Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.187 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>988.29</div>

SUBTOTAL of Disbursements This Page (optional)

2964.87

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)

PAGE 117 / 278

<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.

A. Full Name (Last, First, Middle Initial) MATTHEW LOCKWOOD Mailing Address PO BOX 16118	Transaction ID: SB23.214 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>988.29</div>
B. Full Name (Last, First, Middle Initial) MATTHEW LOCKWOOD Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.241 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1007.17</div>
C. Full Name (Last, First, Middle Initial) MATTHEW LOCKWOOD Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.85 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>988.29</div>

SUBTOTAL of Disbursements This Page (optional)

2983.75

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)

PAGE 118 / 278

<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.

A. Full Name (Last, First, Middle Initial) BRADLEY LONCAR Mailing Address PO BOX 16118	Transaction ID: SB23.106 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>3965.99</div>
B. Full Name (Last, First, Middle Initial) BRADLEY LONCAR Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.144 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>3965.99</div>
C. Full Name (Last, First, Middle Initial) BRADLEY LONCAR Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.176 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>3965.99</div>

SUBTOTAL of Disbursements This Page (optional) ►

11897.97

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)

PAGE 119 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

BRADLEY LONCAR

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.204

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3965.99

B.

Full Name (Last, First, Middle Initial)

BRADLEY LONCAR

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.231

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3965.99

C.

Full Name (Last, First, Middle Initial)

BRADLEY LONCAR

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.68

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3965.99

SUBTOTAL of Disbursements This Page (optional)

11897.97

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)

PAGE 120 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

JOHN MANNION

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.116

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1316.37

B.

Full Name (Last, First, Middle Initial)

JOHN MANNION

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.152

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1650.04

C.

Full Name (Last, First, Middle Initial)

JOHN MANNION

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.182

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1650.04

SUBTOTAL of Disbursements This Page (optional)

4616.45

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)

PAGE 121 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

JOHN MANNION

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.209

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1650.04

B.

Full Name (Last, First, Middle Initial)

JOHN MANNION

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.236

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1672.25

C.

Full Name (Last, First, Middle Initial)

JOHN MANNION

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.77

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1316.37

SUBTOTAL of Disbursements This Page (optional)

4638.66

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)

PAGE 122 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

LOUIS MATTHEWS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.121

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1183.13

B.

Full Name (Last, First, Middle Initial)

LOUIS MATTHEWS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.156

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1183.13

C.

Full Name (Last, First, Middle Initial)

LOUIS MATTHEWS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.186

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1183.13

SUBTOTAL of Disbursements This Page (optional)

3549.39

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)

PAGE 123 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

LOUIS MATTHEWS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.213

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1183.13

B.

Full Name (Last, First, Middle Initial)

LOUIS MATTHEWS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.240

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1202.01

C.

Full Name (Last, First, Middle Initial)

LOUIS MATTHEWS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.82

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1183.13

SUBTOTAL of Disbursements This Page (optional)

3568.27

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)

PAGE 124 / 278

<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.

A. Full Name (Last, First, Middle Initial) EVELYN MCCAFFERTY	Transaction ID: SB23.112 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>3</td><td>5</td><td>6</td><td>5</td><td>0</td><td>7</td> </tr> </table>	3	5	6	5	0	7														
3	5	6	5	0	7																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) EVELYN MCCAFFERTY	Transaction ID: SB23.149 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>2</td><td>1</td><td>2</td><td>4</td><td>3</td><td>9</td> </tr> </table>	2	1	2	4	3	9														
2	1	2	4	3	9																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ANSLEY NEWTON	Transaction ID: SB23.103 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1</td><td>2</td><td>7</td><td>6</td><td>1</td><td>2</td> </tr> </table>	1	2	7	6	1	2														
1	2	7	6	1	2																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6965.58

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)

PAGE 125 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

ANSLEY NEWTON

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.141

Date of Disbursement

02 / 15 / 2009

Amount of Each Disbursement this Period

1276.12

B.

Full Name (Last, First, Middle Initial)

ANSLEY NEWTON

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.173

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

1276.12

C.

Full Name (Last, First, Middle Initial)

ANSLEY NEWTON

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.201

Date of Disbursement

03 / 15 / 2009

Amount of Each Disbursement this Period

1276.12

SUBTOTAL of Disbursements This Page (optional)

3828.36

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)

PAGE 126 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

ANSLEY NEWTON

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.228

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1298.33

B.

Full Name (Last, First, Middle Initial)

ANSLEY NEWTON

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.66

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1276.12

C.

Full Name (Last, First, Middle Initial)

RICHARD OETTINGER

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.131

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1492.58

SUBTOTAL of Disbursements This Page (optional)

4067.03

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)

PAGE 127 / 278

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) RICHARD OETTINGER Mailing Address PO BOX 16118	Transaction ID: SB23.163 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1492.58</div>
B. Full Name (Last, First, Middle Initial) RICHARD OETTINGER Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.192 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1492.58</div>
C. Full Name (Last, First, Middle Initial) RICHARD OETTINGER Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.219 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1492.58</div>

SUBTOTAL of Disbursements This Page (optional)

4477.74

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)

PAGE 128 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

RICHARD OETTINGER

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.246

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1514.79

B.

Full Name (Last, First, Middle Initial)

RICHARD OETTINGER

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.92

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1630.08

C.

Full Name (Last, First, Middle Initial)

SANDRA PACK

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.135

Date of Disbursement

/ /

Amount of Each Disbursement this Period

357.88

SUBTOTAL of Disbursements This Page (optional)

3502.75

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)

PAGE 129 / 278

<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.

A. Full Name (Last, First, Middle Initial) SANDRA PACK	Transaction ID: SB23.166 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>357.88</td> </tr> </table>	357.88																			
357.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SANDRA PACK	Transaction ID: SB23.195 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>357.88</td> </tr> </table>	357.88																			
357.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SANDRA PACK	Transaction ID: SB23.222 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>357.88</td> </tr> </table>	357.88																			
357.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1073.64

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)

PAGE 130 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

SANDRA PACK

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.249

Date of Disbursement

/ /

Amount of Each Disbursement this Period

357.88

B.

Full Name (Last, First, Middle Initial)

SANDRA PACK

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.96

Date of Disbursement

/ /

Amount of Each Disbursement this Period

893.27

C.

Full Name (Last, First, Middle Initial)

GREGORY PRUNIER

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.113

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1037.19

SUBTOTAL of Disbursements This Page (optional)

2288.34

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)

PAGE 131 / 278

<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.

A. Full Name (Last, First, Middle Initial) GREGORY PRUNIER	Transaction ID: SB23.74 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">964.29</td> </tr> </table>	964.29																			
964.29																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) KRISTI PULSFORT	Transaction ID: SB23.118 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2200.71</td> </tr> </table>	2200.71																			
2200.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) KRISTI PULSFORT	Transaction ID: SB23.153 Date of Disbursement																				
Mailing Address PO BOX 16118	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2200.71</td> </tr> </table>	2200.71																			
2200.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5365.71

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)

PAGE 132 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

KRISTI PULSFORT

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.183

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2200.71

B.

Full Name (Last, First, Middle Initial)

KRISTI PULSFORT

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.210

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2200.71

C.

Full Name (Last, First, Middle Initial)

KRISTI PULSFORT

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.237

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2216.08

SUBTOTAL of Disbursements This Page (optional)

6617.50

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)

PAGE 133 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

KRISTI PULSFORT

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.297

Date of Disbursement

/ /

Amount of Each Disbursement this Period

127.00

B.

Full Name (Last, First, Middle Initial)

KRISTI PULSFORT

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.79

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2200.71

C.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.134

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4195.41

SUBTOTAL of Disbursements This Page (optional)

6523.12

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)

PAGE 134 / 278

<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.

A. Full Name (Last, First, Middle Initial) SALVATORE PURPURA <hr/> Mailing Address PO BOX 16118	Transaction ID: SB23.165 Date of Disbursement <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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	9							
M	M	/	D	D	/	Y	Y	Y	Y																			
0	2		1	5		2	0	0	9																			
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>1</td><td>9</td><td>5</td><td>.</td><td>4</td><td>1</td> </tr> </table>	4	1	9	5	.	4	1																				
4	1	9	5	.	4	1																						
B. Full Name (Last, First, Middle Initial) SALVATORE PURPURA <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.194 Date of Disbursement <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>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>1</td><td>9</td><td>5</td><td>.</td><td>4</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9	4	1	9	5	.	4	1
M	M	/	D	D	/	Y	Y	Y	Y																			
0	2		2	7		2	0	0	9																			
4	1	9	5	.	4	1																						
C. Full Name (Last, First, Middle Initial) SALVATORE PURPURA <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.221 Date of Disbursement <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>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>1</td><td>9</td><td>5</td><td>.</td><td>4</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	9	4	1	9	5	.	4	1
M	M	/	D	D	/	Y	Y	Y	Y																			
0	3		1	5		2	0	0	9																			
4	1	9	5	.	4	1																						

SUBTOTAL of Disbursements This Page (optional)

12586.23

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)

PAGE 135 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.248

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4195.40

B.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.95

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4195.41

C.

Full Name (Last, First, Middle Initial)

RAYMOND RILEY

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.130

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1337.73

SUBTOTAL of Disbursements This Page (optional)

9728.54

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)

PAGE 136 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

RAYMOND RILEY

Mailing Address PO BOX 16118

City

ARLINGTON

State

VA

Zip Code

22215

Purpose of Disbursement

PAYROLL

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: SB23.162

Date of Disbursement

02 / 15 / 2009

Amount of Each Disbursement this Period

1337.73

B.

Full Name (Last, First, Middle Initial)

RAYMOND RILEY

Mailing Address PO BOX 16118

City

ARLINGTON

State

VA

Zip Code

22215

Purpose of Disbursement

PAYROLL

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: SB23.191

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

1337.73

C.

Full Name (Last, First, Middle Initial)

RAYMOND RILEY

Mailing Address PO BOX 16118

City

ARLINGTON

State

VA

Zip Code

22215

Purpose of Disbursement

PAYROLL

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: SB23.218

Date of Disbursement

03 / 15 / 2009

Amount of Each Disbursement this Period

1337.73

SUBTOTAL of Disbursements This Page (optional)

4013.19

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)

PAGE 137 / 278

<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.

A. Full Name (Last, First, Middle Initial) RAYMOND RILEY <hr/> Mailing Address PO BOX 16118	Transaction ID: SB23.245 Date of Disbursement <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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	1		2	0	0	9													
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1357.86</td> </tr> </table>	1357.86																				
1357.86																						
B. Full Name (Last, First, Middle Initial) RAYMOND RILEY <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91 Date of Disbursement <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>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1337.73</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	1337.73
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	9													
1337.73																						
C. Full Name (Last, First, Middle Initial) MARIO ROA <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.122 Date of Disbursement <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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1621.35</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	9	1621.35
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	1		2	0	0	9													
1621.35																						

SUBTOTAL of Disbursements This Page (optional)

4316.94

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)

PAGE 138 / 278

<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.

A. Full Name (Last, First, Middle Initial) MARIO ROA Mailing Address PO BOX 16118	Transaction ID: SB23.157 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1621.35</div>
B. Full Name (Last, First, Middle Initial) MARIO ROA Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.83 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1621.35</div>
C. Full Name (Last, First, Middle Initial) MIGUEL ROMANO Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.126 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2935.43</div>

SUBTOTAL of Disbursements This Page (optional)

6178.13

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)

PAGE 139 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

MIGUEL ROMANO

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.159

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2935.43

B.

Full Name (Last, First, Middle Initial)

MIGUEL ROMANO

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.188

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2935.43

C.

Full Name (Last, First, Middle Initial)

MIGUEL ROMANO

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.215

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2935.43

SUBTOTAL of Disbursements This Page (optional)

8806.29

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)

PAGE 140 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

MIGUEL ROMANO

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.242

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2968.76

B.

Full Name (Last, First, Middle Initial)

MIGUEL ROMANO

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.87

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2935.43

C.

Full Name (Last, First, Middle Initial)

LECLAIR RYAN

Mailing Address 1101 CONNECTICUT AVE NW STE 600

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.53

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11300.00

SUBTOTAL of Disbursements This Page (optional)

17204.19

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)

PAGE 141 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

ABRAHAM SISSON

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62

Date of Disbursement

/ /

Amount of Each Disbursement this Period

252.63

B.

Full Name (Last, First, Middle Initial)

ROBERT STEVENS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1414.21

C.

Full Name (Last, First, Middle Initial)

ROBERT STEVENS

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.94

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1414.21

SUBTOTAL of Disbursements This Page (optional)

3081.05

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)

PAGE 142 / 278

<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.

A. Full Name (Last, First, Middle Initial) EMILY TADLOCK Mailing Address PO BOX 16118	Transaction ID: SB23.111 Date of Disbursement <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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	1		2	0	0	9													
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2404.19</td> </tr> </table>	2404.19																				
2404.19																						
B. Full Name (Last, First, Middle Initial) EMILY TADLOCK Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.148 Date of Disbursement <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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>2404.19</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	9	2404.19
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	5		2	0	0	9													
2404.19																						
C. Full Name (Last, First, Middle Initial) EMILY TADLOCK Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.179 Date of Disbursement <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>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>2404.19</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9	2404.19
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	7		2	0	0	9													
2404.19																						

SUBTOTAL of Disbursements This Page (optional)

7212.57

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)

PAGE 143 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

EMILY TADLOCK

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.207

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2404.19

B.

Full Name (Last, First, Middle Initial)

EMILY TADLOCK

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.234

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2404.19

C.

Full Name (Last, First, Middle Initial)

EMILY TADLOCK

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.73

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2404.19

SUBTOTAL of Disbursements This Page (optional)

7212.57

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)

PAGE 144 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

JASON THOMPSON

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

967.10

B.

Full Name (Last, First, Middle Initial)

JASON THOMPSON

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.151

Date of Disbursement

/ /

Amount of Each Disbursement this Period

967.10

C.

Full Name (Last, First, Middle Initial)

JASON THOMPSON

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.181

Date of Disbursement

/ /

Amount of Each Disbursement this Period

967.10

SUBTOTAL of Disbursements This Page (optional)

2901.30

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)

PAGE 145 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

JASON THOMPSON

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.208

Date of Disbursement

/ /

Amount of Each Disbursement this Period

967.10

B.

Full Name (Last, First, Middle Initial)

JASON THOMPSON

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.235

Date of Disbursement

/ /

Amount of Each Disbursement this Period

985.98

C.

Full Name (Last, First, Middle Initial)

JASON THOMPSON

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.76

Date of Disbursement

/ /

Amount of Each Disbursement this Period

967.10

SUBTOTAL of Disbursements This Page (optional)

2920.18

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)

PAGE 146 / 278

<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.

A.	<p>Full Name (Last, First, Middle Initial) LLOYD TUGGLE</p> <p>Mailing Address 1601 COTTONTOWN RD</p> <p>City LYNCHBURG State VA Zip Code 24503</p> <p>Purpose of Disbursement PERSONNEL SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.283</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 509.00</p>
B.	<p>Full Name (Last, First, Middle Initial) LLOYD TUGGLE</p> <p>Mailing Address 1601 COTTONTOWN RD</p> <p>City LYNCHBURG State VA Zip Code 24503</p> <p>Purpose of Disbursement PERSONNEL SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.284</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1744.46</p>
C.	<p>Full Name (Last, First, Middle Initial) LLOYD TUGGLE</p> <p>Mailing Address 1601 COTTONTOWN RD</p> <p>City LYNCHBURG State VA Zip Code 24503</p> <p>Purpose of Disbursement PERSONNEL SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.286</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 149.00</p>

SUBTOTAL of Disbursements This Page (optional)

2402.46

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)

PAGE 147 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

LLOYD TUGGLE

Mailing Address 1601 COTTONTOWN RD

City LYNCHBURG State VA Zip Code 24503

Purpose of Disbursement
PRINTING/POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.291

Date of Disbursement

02 / 05 / 2009

Amount of Each Disbursement this Period

961.01

B.

Full Name (Last, First, Middle Initial)

BRAINERD H WHITBECK, III

Mailing Address 1221 S EADS ST #1511

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.39

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

1260.00

C.

Full Name (Last, First, Middle Initial)

DAVIS WHITE

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.110

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

2485.74

SUBTOTAL of Disbursements This Page (optional)

4706.75

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)

PAGE 148 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

DAVIS WHITE

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.72

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2485.74

B.

Full Name (Last, First, Middle Initial)

PATRICIA ZONE

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1431.00

C.

Full Name (Last, First, Middle Initial)

PATRICIA ZONE

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.160

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1299.88

SUBTOTAL of Disbursements This Page (optional)

5216.62

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)

PAGE 149 / 278

<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.

A. Full Name (Last, First, Middle Initial) PATRICIA ZONE <hr/> Mailing Address PO BOX 16118	Transaction ID: SB23.189 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div>
<div> <div>City ARLINGTON State VA Zip Code 22215</div> <div>Purpose of Disbursement PAYROLL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>1414.60</div>
B. Full Name (Last, First, Middle Initial) PATRICIA ZONE <hr/> Mailing Address PO BOX 16118	Transaction ID: SB23.216 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City ARLINGTON State VA Zip Code 22215</div> <div>Purpose of Disbursement PAYROLL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>1054.02</div>
C. Full Name (Last, First, Middle Initial) PATRICIA ZONE <hr/> Mailing Address PO BOX 16118	Transaction ID: SB23.243 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
<div> <div>City ARLINGTON State VA Zip Code 22215</div> <div>Purpose of Disbursement PAYROLL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>1169.29</div>

SUBTOTAL of Disbursements This Page (optional)

3637.91

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)

PAGE 150 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

PATRICIA ZONE

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.89

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1316.26

B.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City
KINGWOOD

State
TX

Zip Code
77339

Purpose of Disbursement
PAYROLL SVC-INSUR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.169

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12521.26

C.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City
KINGWOOD

State
TX

Zip Code
77339

Purpose of Disbursement
PAYROLL SVC-INSUR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.252

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17281.84

SUBTOTAL of Disbursements This Page (optional)

31119.36

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)

PAGE 151 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.253

Date of Disbursement

02 / 15 / 2009

Amount of Each Disbursement this Period

14746.10

B.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.254

Date of Disbursement

03 / 15 / 2009

Amount of Each Disbursement this Period

12423.42

C.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.255

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

12600.94

SUBTOTAL of Disbursements This Page (optional)

39770.46

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)

PAGE 152 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.99

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

19100.57

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.24

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

114.98

C.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.26

Date of Disbursement

02 / 05 / 2009

Amount of Each Disbursement this Period

12.60

SUBTOTAL of Disbursements This Page (optional)

19228.15

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)

PAGE 153 / 278

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City
NEWARK

State
NJ

Zip Code
07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.03

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City
NEWARK

State
NJ

Zip Code
07101

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCP.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43006.50

C.

Full Name (Last, First, Middle Initial)

BLT STEAK

Mailing Address 1625 EYE ST NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.22

Date of Disbursement

/ /

Amount of Each Disbursement this Period

483.48

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

43017.53

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)

PAGE 154 / 278

<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.

A. Full Name (Last, First, Middle Initial) BRASSPACK PACKING SUPPLY

Mailing Address PO BOX 1567

City MANSFIELD State OH Zip Code 44905

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.23

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

359.42

[MEMO ITEM]

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

Mailing Address 85 ENTERPRISE STE 100

City ALISO VIEJO State CA Zip Code 92656

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.15

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

419.97

[MEMO ITEM]

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

Mailing Address 4751 HEMPSTEAD STATION RD

City KETTERING State OH Zip Code 45429

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.3

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

77.08

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 155 / 278

<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.

A. Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB23CCD.18 Date of Disbursement																				
Mailing Address PO BOX 371461	<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>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period																				
Purpose of Disbursement PRINTING	<table border="1"> <tr> <td colspan="10">31.47</td> </tr> </table>	31.47																			
31.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) INTUIT INC	Transaction ID: SB23CCD.1 Date of Disbursement																				
Mailing Address PO BOX 6170	<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>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	0	9												
City FREDERICKSBURG State VA Zip Code 22403	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">147.78</td> </tr> </table>	147.78																			
147.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
C. Full Name (Last, First, Middle Initial) MCCORMICK & SCHMICKS SEAFOOD RESTAURANT	Transaction ID: SB23CCD.20 Date of Disbursement																				
Mailing Address 2010 CRYSTAL DR	<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>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement CATERING	<table border="1"> <tr> <td colspan="10">71.94</td> </tr> </table>	71.94																			
71.94																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 156 / 278

<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.

A.

Full Name (Last, First, Middle Initial)
PARKING MANAGEMENT INC

Mailing Address 1725 DESALES ST NW STE 202

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
PARKING SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.24

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2009

Amount of Each Disbursement this Period

3262.03

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
SAY IT IN STITCHES

Mailing Address 128 B HALL ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.10

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2009

Amount of Each Disbursement this Period

2515.05

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
SAY IT IN STITCHES

Mailing Address 128 B HALL ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.11

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2009

Amount of Each Disbursement this Period

5850.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 157 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

SAY IT IN STITCHES

Mailing Address 128 B HALL ST

City
CONCORD

State
NH

Zip Code
03301

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.12

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3225.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

SAY IT IN STITCHES

Mailing Address 128 B HALL ST

City
CONCORD

State
NH

Zip Code
03301

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

975.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

SAY IT IN STITCHES

Mailing Address 128 B HALL ST

City
CONCORD

State
NH

Zip Code
03301

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.14

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14331.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 158 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

SAY IT IN STITCHES

Mailing Address 128 B HALL ST

City
CONCORD

State
NH

Zip Code
03301

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.6

Date of Disbursement

/ /

Amount of Each Disbursement this Period

480.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

SAY IT IN STITCHES

Mailing Address 128 B HALL ST

City
CONCORD

State
NH

Zip Code
03301

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

780.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

SAY IT IN STITCHES

Mailing Address 128 B HALL ST

City
CONCORD

State
NH

Zip Code
03301

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3590.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 159 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

SAY IT IN STITCHES

Mailing Address 128 B HALL ST

City
CONCORD

State
NH

Zip Code
03301

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.9

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

4904.25

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

STAPLES.COM

Mailing Address 500 STAPLES DR

City
FRAMINGHAM

State
MA

Zip Code
01702

Purpose of Disbursement
CREDIT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCC.1

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

-162.38

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

STAPLES.COM

Mailing Address 500 STAPLES DR

City
FRAMINGHAM

State
MA

Zip Code
01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.19

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

92.38

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 160 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

STAPLES.COM

Mailing Address 500 STAPLES DR

City
FRAMINGHAM

State
MA

Zip Code
01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.21

Date of Disbursement

/ /

Amount of Each Disbursement this Period

107.76

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

STAPLES.COM

Mailing Address 500 STAPLES DR

City
FRAMINGHAM

State
MA

Zip Code
01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

54.46

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

STAPLES.COM

Mailing Address 500 STAPLES DR

City
FRAMINGHAM

State
MA

Zip Code
01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

284.76

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 161 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

USPS CRYSTAL CITY

Mailing Address 1632 CRYSTAL SQ ARC

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.16

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

575.31

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

USPS CRYSTAL CITY

Mailing Address 1632 CRYSTAL SQ ARC

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.17

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

64.93

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

USPS LENFANT PLAZA

Mailing Address 458 LENFANT PLZ SW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.2

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

484.71

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 162 / 278

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City
NEWARK

State
NJ

Zip Code
07101

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCP.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25699.80

B.

Full Name (Last, First, Middle Initial)

BEST BUY

Mailing Address 1201 S HAYES ST

City
ARLINGTON

State
VA

Zip Code
22202

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.47

Date of Disbursement

/ /

Amount of Each Disbursement this Period

109.16

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

CINTAS DOCUMENT MANAGEMENT

Mailing Address PO BOX 633842

City
CINCINNATI

State
OH

Zip Code
45263

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.44

Date of Disbursement

/ /

Amount of Each Disbursement this Period

302.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

25699.80

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)

PAGE 163 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

COMCAST

Mailing Address 1701 JOHN KENNEDY BLVD

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.25

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

125.69

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

COMCAST

Mailing Address 1701 JOHN KENNEDY BLVD

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.56

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

125.69

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.30

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

46.23

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 164 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.31

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.81

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.32

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.33

Date of Disbursement

/ /

Amount of Each Disbursement this Period

116.58

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 165 / 278

<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.

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB23CCD.34 Date of Disbursement																				
	Mailing Address PO BOX 371461	<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>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	5		2	0	0	9													
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period																				
	Purpose of Disbursement DELIVERY	<table border="1"> <tr> <td colspan="10">643.50</td> </tr> </table>	643.50																			
643.50																						
	Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	[MEMO ITEM]																				
B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB23CCD.35 Date of Disbursement																				
	Mailing Address PO BOX 371461	<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>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	5		2	0	0	9													
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period																				
	Purpose of Disbursement DELIVERY	<table border="1"> <tr> <td colspan="10">70.76</td> </tr> </table>	70.76																			
70.76																						
	Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	[MEMO ITEM]																				
C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB23CCD.36 Date of Disbursement																				
	Mailing Address PO BOX 371461	<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>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	5		2	0	0	9													
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period																				
	Purpose of Disbursement DELIVERY	<table border="1"> <tr> <td colspan="10">1123.62</td> </tr> </table>	1123.62																			
1123.62																						
	Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 166 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.37

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.83

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.38

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1161.30

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.39

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 167 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.40

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3127.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.58

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.13

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.59

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.87

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 168 / 278

<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.

A. Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 371461	Transaction ID: SB23CCD.60 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>106.11</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) PACER Mailing Address PO BOX 70951 City CHARLOTTE State NC Zip Code 28272 Purpose of Disbursement SUBSCRIPTIONS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23CCD.62 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>444.80</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) PARKING MANAGEMENT INC Mailing Address 1725 DESALES ST NW STE 202 City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement CREDIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23CCC.3 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>-75.00</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 169 / 278

<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.

A.

Full Name (Last, First, Middle Initial)
PARKING MANAGEMENT INC

Mailing Address 1725 DESALES ST NW STE 202

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
CREDIT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCC.4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-150.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
PARKING MANAGEMENT INC

Mailing Address 1725 DESALES ST NW STE 202

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
CREDIT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCC.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-450.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
PARKING MANAGEMENT INC

Mailing Address 1725 DESALES ST NW STE 202

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
PARKING SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.27

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2550.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 170 / 278

<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.

A.

Full Name (Last, First, Middle Initial)
PARKING MANAGEMENT INC

Mailing Address 1725 DESALES ST NW STE 202

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
PARKING SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.28

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

140.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
PARKING MANAGEMENT INC

Mailing Address 1725 DESALES ST NW STE 202

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
PARKING SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.29

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

140.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
PARKING MANAGEMENT INC

Mailing Address 1725 DESALES ST NW STE 202

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
PARKING SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.48

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 171 / 278

<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.

A.

Full Name (Last, First, Middle Initial)
PARKING MANAGEMENT INC

Mailing Address 1725 DESALES ST NW STE 202

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
PARKING SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.49

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Amount of Each Disbursement this Period

53.23

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
PREMIERE GLOBAL SERVICES

Mailing Address 1268 PAYSPHERE CIR

City CHICAGO State IL Zip Code 60674

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.57

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Amount of Each Disbursement this Period

634.11

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
PRIMUS

Mailing Address 2094 185TH ST

City FAIRFIELD State IA Zip Code 52556

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.45

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Amount of Each Disbursement this Period

2487.54

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 172 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

PRIMUS

Mailing Address 2094 185TH ST

City
FAIRFIELD

State
IA

Zip Code
52556

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.46

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2448.38

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

STAPLES.COM

Mailing Address 500 STAPLES DR

City
FRAMINGHAM

State
MA

Zip Code
01702

Purpose of Disbursement
CREDIT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCC.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-62.98

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

THOMPSON WEST

Mailing Address PO BOX 6292

City
CAROL STREAM

State
IL

Zip Code
60197

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.61

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1112.95

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 173 / 278

<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.

A. TML COPIERS & DIGITAL SOLUTIONS

Full Name (Last, First, Middle Initial)

TML COPIERS & DIGITAL SOLUTIONS

Mailing Address 9700 CAPITAL CT STE 201

City MANASSAS State VA Zip Code 20110

Purpose of Disbursement
EQUIPMENT MAINTENANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.41

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

145.00

[MEMO ITEM]

B. TML COPIERS & DIGITAL SOLUTIONS

Full Name (Last, First, Middle Initial)

TML COPIERS & DIGITAL SOLUTIONS

Mailing Address 9700 CAPITAL CT STE 201

City MANASSAS State VA Zip Code 20110

Purpose of Disbursement
EQUIPMENT MAINTENANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.42

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

145.00

[MEMO ITEM]

C. TML COPIERS & DIGITAL SOLUTIONS

Full Name (Last, First, Middle Initial)

TML COPIERS & DIGITAL SOLUTIONS

Mailing Address 9700 CAPITAL CT STE 201

City MANASSAS State VA Zip Code 20110

Purpose of Disbursement
EQUIPMENT MAINTENANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.43

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

164.35

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 174 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

USPS CRYSTAL CITY

Mailing Address 1632 CRYSTAL SQ ARC

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.26

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

80.03

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

USPS CRYSTAL CITY

Mailing Address 1632 CRYSTAL SQ ARC

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.50

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

75.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

USPS CRYSTAL CITY

Mailing Address 1632 CRYSTAL SQ ARC

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.51

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

798.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 175 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

USPS CRYSTAL CITY

Mailing Address 1632 CRYSTAL SQ ARC

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.55

Date of Disbursement

/ /

Amount of Each Disbursement this Period

252.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City
DALLS

State
TX

Zip Code
75266

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.52

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2801.84

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City
DALLS

State
TX

Zip Code
75266

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.54

Date of Disbursement

/ /

Amount of Each Disbursement this Period

95.29

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 176 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

XO COMMUNICATIONS

Mailing Address 8851 SANDY PKWY

City
SANDY

State
UT

Zip Code
84070

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.53

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4426.38

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City
NEWARK

State
NJ

Zip Code
07101

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCP.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25617.53

C.

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address PO BOX 6463

City
CAROL STREAM

State
IL

Zip Code
60197

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.74

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5412.07

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

25617.53

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)

PAGE 177 / 278

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address PO BOX 13148

City
NEWARK

State
NJ

Zip Code
07101

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.75

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5999.27

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address 3725 JEFFERSON DAVIS HWY

City
ALEXANDRIA

State
VA

Zip Code
22305

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.93

Date of Disbursement

/ /

Amount of Each Disbursement this Period

104.99

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

CENTRAL SAFE & LOCKSMITH

Mailing Address 1107 7TH ST NW

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.80

Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 178 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

COMCAST

Mailing Address 1701 JOHN KENNEDY BLVD

City
PHILADELPHIA

State
PA

Zip Code
19103

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.88

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.69

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DIGITAL DOLPHIN SUPPLIES

Mailing Address 811 N CATALINA AVE STE 1104

City
REDONDO BEACH

State
CA

Zip Code
90277

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.67

Date of Disbursement

/ /

Amount of Each Disbursement this Period

887.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DIGITAL DOLPHIN SUPPLIES

Mailing Address 811 N CATALINA AVE STE 1104

City
REDONDO BEACH

State
CA

Zip Code
90277

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.85

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1535.33

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 179 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

DIGITAL DOLPHIN SUPPLIES

Mailing Address 811 N CATALINA AVE STE 1104

City
REDONDO BEACH

State
CA

Zip Code
90277

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.86

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2009

Amount of Each Disbursement this Period

915.29

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

EXECUTIVE LOCK & KEY

Mailing Address 2003B MT VERNON AVE

City
ALEXANDRIA

State
VA

Zip Code
22301

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.95

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2009

Amount of Each Disbursement this Period

16.54

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.64

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2009

Amount of Each Disbursement this Period

207.05

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 180 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.65

Date of Disbursement

/ /

Amount of Each Disbursement this Period

46.48

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.66

Date of Disbursement

/ /

Amount of Each Disbursement this Period

72.15

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.71

Date of Disbursement

/ /

Amount of Each Disbursement this Period

59.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 181 / 278

<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.

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB23CCD.72 Date of Disbursement																				
	Mailing Address PO BOX 371461	<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>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	4		2	0	0	9													
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period																				
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151.14																						
	Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:	[MEMO ITEM]																				
B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB23CCD.73 Date of Disbursement																				
	Mailing Address PO BOX 371461	<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>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	4		2	0	0	9													
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period																				
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237.19																						
	Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:	[MEMO ITEM]																				
C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB23CCD.82 Date of Disbursement																				
	Mailing Address PO BOX 371461	<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>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	4		2	0	0	9													
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period																				
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5.74																						
	Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 182 / 278

<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.

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB23CCD.83 Date of Disbursement																				
	Mailing Address PO BOX 371461	<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>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	4		2	0	9														
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period																				
	Purpose of Disbursement DELIVERY	<table border="1"> <tr> <td colspan="10">23.35</td> </tr> </table>	23.35																			
23.35																						
	Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:	[MEMO ITEM]																				
B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB23CCD.84 Date of Disbursement																				
	Mailing Address PO BOX 371461	<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>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	4		2	0	9														
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period																				
	Purpose of Disbursement DELIVERY	<table border="1"> <tr> <td colspan="10">57.04</td> </tr> </table>	57.04																			
57.04																						
	Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:	[MEMO ITEM]																				
C.	Full Name (Last, First, Middle Initial) LEXIS NEXIS	Transaction ID: SB23CCD.68 Date of Disbursement																				
	Mailing Address PO BOX 7247	<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>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	4		2	0	9														
	City PHILADELPHIA State PA Zip Code 19170	Amount of Each Disbursement this Period																				
	Purpose of Disbursement SUBSCRIPTIONS	<table border="1"> <tr> <td colspan="10">1218.00</td> </tr> </table>	1218.00																			
1218.00																						
	Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 183 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

LEXIS NEXIS

Mailing Address PO BOX 7247

City
PHILADELPHIA

State
PA

Zip Code
19170

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.87

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1218.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

PARKING MANAGEMENT INC

Mailing Address 1725 DESALES ST NW STE 202

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement
PARKING SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.76

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1800.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

PARKING MANAGEMENT INC

Mailing Address 1725 DESALES ST NW STE 202

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement
PARKING SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.77

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 184 / 278

<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.

A.

Full Name (Last, First, Middle Initial)
PARKING MANAGEMENT INC

Mailing Address 1725 DESALES ST NW STE 202

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
PARKING SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.78

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
PARKING MANAGEMENT INC

Mailing Address 1725 DESALES ST NW STE 202

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
PARKING SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.94

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
PREMIERE GLOBAL SERVICES

Mailing Address 1268 PAYSHERE CIR

City CHICAGO State IL Zip Code 60674

Purpose of Disbursement
FAX SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.91

Date of Disbursement

/ /

Amount of Each Disbursement this Period

468.91

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 185 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

PRIMUS

Mailing Address 2094 185TH ST

City
FAIRFIELD

State
IA

Zip Code
52556

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.89

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2179.92

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

SELF STORAGE PLUS

Mailing Address 605 S BALL ST

City
ARLINGTON

State
VA

Zip Code
22202

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.81

Date of Disbursement

/ /

Amount of Each Disbursement this Period

182.65

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

STAPLES.COM

Mailing Address 500 STAPLES DR

City
FRAMINGHAM

State
MA

Zip Code
01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.63

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.87

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 186 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

USPS CRYSTAL CITY

Mailing Address 1632 CRYSTAL SQ ARC

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.69

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

84.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

USPS CRYSTAL CITY

Mailing Address 1632 CRYSTAL SQ ARC

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.70

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

84.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

USPS CRYSTAL CITY

Mailing Address 1632 CRYSTAL SQ ARC

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.79

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

504.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 187 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

USPS CRYSTAL CITY

Mailing Address 1632 CRYSTAL SQ ARC

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.90

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

126.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City DALLS State TX Zip Code 75266

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.92

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

1398.67

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City DALLS State TX Zip Code 75266

Purpose of Disbursement
FAX SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23CCD.96

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

85.59

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 188 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

AMERICAN TELESIS

Mailing Address PO BOX 6659

City
HILTON HEAD ISLAND

State
SC

Zip Code
29938

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.299

Date of Disbursement

/ /

Amount of Each Disbursement this Period

989.32

B.

Full Name (Last, First, Middle Initial)

AMERICAN TELESIS

Mailing Address PO BOX 6659

City
HILTON HEAD ISLAND

State
SC

Zip Code
29938

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.300

Date of Disbursement

/ /

Amount of Each Disbursement this Period

494.66

C.

Full Name (Last, First, Middle Initial)

AMERICAN TELESIS

Mailing Address PO BOX 6659

City
HILTON HEAD ISLAND

State
SC

Zip Code
29938

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.301

Date of Disbursement

/ /

Amount of Each Disbursement this Period

494.66

SUBTOTAL of Disbursements This Page (optional)

1978.64

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)

PAGE 189 / 278

<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.

A. Full Name (Last, First, Middle Initial) AON RISK SERVICES	Transaction ID: SB23.49 Date of Disbursement																				
Mailing Address 1120 20TH ST NW	<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>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement INSURANCE	<table border="1"> <tr> <td colspan="10">19174.00</td> </tr> </table>	19174.00																			
19174.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) AON RISK SERVICES	Transaction ID: SB23.50 Date of Disbursement																				
Mailing Address 1120 20TH ST NW	<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>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement INSURANCE	<table border="1"> <tr> <td colspan="10">10820.56</td> </tr> </table>	10820.56																			
10820.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) AON RISK SERVICES	Transaction ID: SB23.51 Date of Disbursement																				
Mailing Address 1120 20TH ST NW	<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>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement INSURANCE	<table border="1"> <tr> <td colspan="10">15964.00</td> </tr> </table>	15964.00																			
15964.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

45958.56

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)

PAGE 190 / 278

<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.

A. Full Name (Last, First, Middle Initial)
ARCHSTONE CRYSTAL TOWERS

Mailing Address 1600 S EADS ST

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.298

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

151.60

B. Full Name (Last, First, Middle Initial)
CESC GATEWAY ONE LLC

Mailing Address PO BOX 641472

City PITTSBURGH State PA Zip Code 15264

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.292

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

17240.58

C. Full Name (Last, First, Middle Initial)
CESC GATEWAY ONE LLC

Mailing Address PO BOX 641472

City PITTSBURGH State PA Zip Code 15264

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.293

Date of Disbursement

02 / 01 / 2009

Amount of Each Disbursement this Period

9596.13

SUBTOTAL of Disbursements This Page (optional)

26988.31

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)

PAGE 191 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

CESC GATEWAY ONE LLC

Mailing Address PO BOX 641472

City
PITTSBURGH

State
PA

Zip Code
15264

Purpose of Disbursement
EQUIPMENT INSTALLATION/RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.32

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

35847.13

B.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.1

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

75.75

C.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.2

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

80.18

SUBTOTAL of Disbursements This Page (optional)

36003.06

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)

PAGE 192 / 278

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.3

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

40.47

B.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4

Date of Disbursement

03 / 13 / 2009

Amount of Each Disbursement this Period

42.42

C.

Full Name (Last, First, Middle Initial)

CINTAS DOCUMENT MANAGEMENT

Mailing Address PO BOX 633842

City CINCINNATI State OH Zip Code 45263

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.56

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

352.80

SUBTOTAL of Disbursements This Page (optional)

435.69

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)

PAGE 193 / 278

<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.

A. CINTAS DOCUMENT MANAGEMENT

Full Name (Last, First, Middle Initial)

CINTAS DOCUMENT MANAGEMENT

Mailing Address PO BOX 633842

City CINCINNATI State OH Zip Code 45263

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.57

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

583.80

B. CINTAS DOCUMENT MANAGEMENT

Full Name (Last, First, Middle Initial)

CINTAS DOCUMENT MANAGEMENT

Mailing Address PO BOX 633842

City CINCINNATI State OH Zip Code 45263

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.58

Date of Disbursement

02 / 01 / 2009

Amount of Each Disbursement this Period

352.80

C. CINTAS DOCUMENT MANAGEMENT

Full Name (Last, First, Middle Initial)

CINTAS DOCUMENT MANAGEMENT

Mailing Address PO BOX 633842

City CINCINNATI State OH Zip Code 45263

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.59

Date of Disbursement

02 / 05 / 2009

Amount of Each Disbursement this Period

705.60

SUBTOTAL of Disbursements This Page (optional)

1642.20

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)

PAGE 194 / 278

<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.

A. CINTAS DOCUMENT MANAGEMENT

Full Name (Last, First, Middle Initial)

CINTAS DOCUMENT MANAGEMENT

Mailing Address PO BOX 633842

City CINCINNATI State OH Zip Code 45263

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60

Date of Disbursement

03 / 02 / 2009

Amount of Each Disbursement this Period

705.60

B. CINTAS DOCUMENT MANAGEMENT

Full Name (Last, First, Middle Initial)

CINTAS DOCUMENT MANAGEMENT

Mailing Address PO BOX 633842

City CINCINNATI State OH Zip Code 45263

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.61

Date of Disbursement

03 / 16 / 2009

Amount of Each Disbursement this Period

57.75

C. CMDI

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATA ENTRY SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.29

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

34489.57

SUBTOTAL of Disbursements This Page (optional)

35252.92

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)

PAGE 195 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City
FALLS CHURCH

State
VA

Zip Code
22043

Purpose of Disbursement
DATA ENTRY SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.30

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Amount of Each Disbursement this Period

5184.91

B.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City
FALLS CHURCH

State
VA

Zip Code
22043

Purpose of Disbursement
LIST MANAGEMENT SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.54

Date of Disbursement

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

Amount of Each Disbursement this Period

18801.61

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City
FALLS CHURCH

State
VA

Zip Code
22043

Purpose of Disbursement
LIST MANAGEMENT SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.55

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Amount of Each Disbursement this Period

17554.27

SUBTOTAL of Disbursements This Page (optional)

41540.79

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)

PAGE 196 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

COMPLIANCE CONSULTING CO OF VA LLC

Mailing Address PO BOX 365

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12000.00

B.

Full Name (Last, First, Middle Initial)

COMPLIANCE CONSULTING CO OF VA LLC

Mailing Address PO BOX 365

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.15

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.00

C.

Full Name (Last, First, Middle Initial)

COMPLIANCE CONSULTING CO OF VA LLC

Mailing Address PO BOX 365

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.17

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3300.00

SUBTOTAL of Disbursements This Page (optional)

15352.00

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)

PAGE 197 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

COMPLIANCE CONSULTING CO OF VA LLC

Mailing Address PO BOX 365

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12000.00

B.

Full Name (Last, First, Middle Initial)

CT CORPORATION

Mailing Address PO BOX 4349

City
CAROL STREAM

State
IL

Zip Code
60197

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.52

Date of Disbursement

/ /

Amount of Each Disbursement this Period

344.93

C.

Full Name (Last, First, Middle Initial)

DC DEPARTMENT OF REVENUE

Mailing Address 941 N CAPITOL ST NE FL 1

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.256

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1027.27

SUBTOTAL of Disbursements This Page (optional)

13372.20

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)

PAGE 198 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

DC DEPARTMENT OF REVENUE

Mailing Address 941 N CAPITOL ST NE FL 1

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.261

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1027.27

B.

Full Name (Last, First, Middle Initial)

DC DEPARTMENT OF REVENUE

Mailing Address 941 N CAPITOL ST NE FL 1

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.266

Date of Disbursement

/ /

Amount of Each Disbursement this Period

560.42

C.

Full Name (Last, First, Middle Initial)

DC DEPARTMENT OF REVENUE

Mailing Address 941 N CAPITOL ST NE FL 1

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.271

Date of Disbursement

/ /

Amount of Each Disbursement this Period

674.23

SUBTOTAL of Disbursements This Page (optional)

2261.92

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)

PAGE 199 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

DC DEPARTMENT OF REVENUE

Mailing Address 941 N CAPITOL ST NE FL 1

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.275

Date of Disbursement

03 / 15 / 2009

Amount of Each Disbursement this Period

597.94

B.

Full Name (Last, First, Middle Initial)

DC DEPARTMENT OF REVENUE

Mailing Address 941 N CAPITOL ST NE FL 1

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.279

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

597.94

C.

Full Name (Last, First, Middle Initial)

DORSEE PRODUCTIONS

Mailing Address PO BOX 455

City
RANCHO SANTA FE

State
CA

Zip Code
92067

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.42

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

6195.88

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)

PAGE 200 / 278

<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.

A. Full Name (Last, First, Middle Initial) EDONATION.COM	Transaction ID: SB23.21 Date of Disbursement																				
Mailing Address 118 N SAINT ASAPH ST	<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>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD MERCHANT FEE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>4.95</td> </tr> </table>																				4.95
									4.95												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) EDONATION.COM	Transaction ID: SB23.22 Date of Disbursement																				
Mailing Address 118 N SAINT ASAPH ST	<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>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD MERCHANT FEE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>525.00</td> </tr> </table>																				525.00
									525.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) EDONATION.COM	Transaction ID: SB23.23 Date of Disbursement																				
Mailing Address 118 N SAINT ASAPH ST	<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>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD MERCHANT FEE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>925.00</td> </tr> </table>																				925.00
									925.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1454.95

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)

PAGE 201 / 278

<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.

A. Full Name (Last, First, Middle Initial) EVENTS BY ANDREA	Transaction ID: SB23.45 Date of Disbursement																				
Mailing Address 345 E ORANGE DR	<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>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City PHOENIX State AZ Zip Code 85012	Amount of Each Disbursement this Period																				
Purpose of Disbursement FINANCE CONSULTING	<table border="1"> <tr> <td>1</td><td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	2	5	0	0	.	0	0												
1	2	5	0	0	.	0	0														
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) GERSON PRESTON ROBINSON & CO	Transaction ID: SB23.11 Date of Disbursement																				
Mailing Address 666 SEVENTY-FIRST ST	<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>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	5		2	0	0	9												
City MIAMI BEACH State FL Zip Code 33141	Amount of Each Disbursement this Period																				
Purpose of Disbursement COMPLIANCE CONSULTING	<table border="1"> <tr> <td>8</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	8	0	0	0	.	0	0													
8	0	0	0	.	0	0															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) GERSON PRESTON ROBINSON & CO	Transaction ID: SB23.18 Date of Disbursement																				
Mailing Address 666 SEVENTY-FIRST ST	<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>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	0	9												
City MIAMI BEACH State FL Zip Code 33141	Amount of Each Disbursement this Period																				
Purpose of Disbursement COMPLIANCE CONSULTING	<table border="1"> <tr> <td>8</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	8	0	0	0	.	0	0													
8	0	0	0	.	0	0															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

28500.00

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)

PAGE 202 / 278

<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

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)

HALLISEY GROUP

Mailing Address 38 E 85TH ST STE 5E

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.43

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

28591.24

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

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.12

Date of Disbursement

02 / 05 / 2009

Amount of Each Disbursement this Period

10026.03

C.

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

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.7

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

20040.75

SUBTOTAL of Disbursements This Page (optional)

58658.02

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)

PAGE 203 / 278

<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.

A.

Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.257

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

26480.37

B.

Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.262

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

29241.27

C.

Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.267

Date of Disbursement

02 / 15 / 2009

Amount of Each Disbursement this Period

22669.92

SUBTOTAL of Disbursements This Page (optional)

78391.56

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)

PAGE 204 / 278

<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.

A.

Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.272

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

20429.21

B.

Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.276

Date of Disbursement

03 / 15 / 2009

Amount of Each Disbursement this Period

20497.19

C.

Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.280

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

19749.20

SUBTOTAL of Disbursements This Page (optional)

60675.60

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)

PAGE 205 / 278

<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.

A.	<p>Full Name (Last, First, Middle Initial) ITS MY COOLER LLC</p> <p>Mailing Address PO BOX 476</p> <p>City POOLSEVILLE State MD Zip Code 20837</p> <p>Purpose of Disbursement EQUIPMENT RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.34</p> <p>Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 71.40</p>
B.	<p>Full Name (Last, First, Middle Initial) ITS MY COOLER LLC</p> <p>Mailing Address PO BOX 476</p> <p>City POOLSEVILLE State MD Zip Code 20837</p> <p>Purpose of Disbursement EQUIPMENT RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.35</p> <p>Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 35.70</p>
C.	<p>Full Name (Last, First, Middle Initial) ITS MY COOLER LLC</p> <p>Mailing Address PO BOX 476</p> <p>City POOLSEVILLE State MD Zip Code 20837</p> <p>Purpose of Disbursement EQUIPMENT RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.36</p> <p>Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 35.70</p>

SUBTOTAL of Disbursements This Page (optional)

142.80

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)

PAGE 206 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

LASERSHIP INC

Mailing Address PO BOX 406420

City
ATLANTA

State
GA

Zip Code
30384

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.31

Date of Disbursement

/ /

Amount of Each Disbursement this Period

856.28

B.

Full Name (Last, First, Middle Initial)

MARYLAND DEPARTMENT OF REVENUE

Mailing Address 80 CALVERT ST

City
ANNAPOLIS

State
MD

Zip Code
21401

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.258

Date of Disbursement

/ /

Amount of Each Disbursement this Period

270.06

C.

Full Name (Last, First, Middle Initial)

MARYLAND DEPARTMENT OF REVENUE

Mailing Address 80 CALVERT ST

City
ANNAPOLIS

State
MD

Zip Code
21401

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.263

Date of Disbursement

/ /

Amount of Each Disbursement this Period

233.53

SUBTOTAL of Disbursements This Page (optional)

1359.87

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)

PAGE 207 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

MARYLAND DEPARTMENT OF REVENUE

Mailing Address 80 CALVERT ST

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.268

Date of Disbursement

02 / 15 / 2009

Amount of Each Disbursement this Period

131.63

B.

Full Name (Last, First, Middle Initial)

MARYLAND DEPARTMENT OF REVENUE

Mailing Address 80 CALVERT ST

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.273

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

131.63

C.

Full Name (Last, First, Middle Initial)

MARYLAND DEPARTMENT OF REVENUE

Mailing Address 80 CALVERT ST

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.277

Date of Disbursement

03 / 15 / 2009

Amount of Each Disbursement this Period

131.63

SUBTOTAL of Disbursements This Page (optional)

394.89

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)

PAGE 208 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

MARYLAND DEPARTMENT OF REVENUE

Mailing Address 80 CALVERT ST

City
ANNAPOLIS

State
MD

Zip Code
21401

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.281

Date of Disbursement

/ /

Amount of Each Disbursement this Period

131.63

B.

Full Name (Last, First, Middle Initial)

MCINTOSH COMPANY

Mailing Address 3838 OAK LAWN AVE STE 850

City
DALLAS

State
TX

Zip Code
75219

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.40

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4714.04

C.

Full Name (Last, First, Middle Initial)

MILANO STRATEGIES LLC

Mailing Address 138 E ASTOR CIR

City
DELRAY BEACH

State
FL

Zip Code
33484

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.47

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7837.56

SUBTOTAL of Disbursements This Page (optional)

12683.23

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)

PAGE 209 / 278

<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.

A. Full Name (Last, First, Middle Initial) NOVA Mailing Address 1 CONCOURSE PKWY STE 300	Transaction ID: SB23.25 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 9</div> </div>
City ATLANTA State GA Zip Code 30328 Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>45.45</div>
B. Full Name (Last, First, Middle Initial) NOVA Mailing Address 1 CONCOURSE PKWY STE 300 City ATLANTA State GA Zip Code 30328 Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.27 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>60.30</div>
C. Full Name (Last, First, Middle Initial) RST MARKETING Mailing Address 1272 CORPORATE PARK RD City FOREST State VA Zip Code 24551 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.289 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2150.58</div>

SUBTOTAL of Disbursements This Page (optional)

2256.33

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)

PAGE 210 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

SANDRA L PACK CPA LLC

Mailing Address 538 MOORINGS CIR

City
ARNOLD

State
MD

Zip Code
21012

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7292.00

B.

Full Name (Last, First, Middle Initial)

SANDRA L PACK CPA LLC

Mailing Address 538 MOORINGS CIR

City
ARNOLD

State
MD

Zip Code
21012

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.19

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11180.00

C.

Full Name (Last, First, Middle Initial)

SANDRA L PACK CPA LLC

Mailing Address 538 MOORINGS CIR

City
ARNOLD

State
MD

Zip Code
21012

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9754.00

SUBTOTAL of Disbursements This Page (optional)

28226.00

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)

PAGE 211 / 278

<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.

A. Full Name (Last, First, Middle Initial) SOUTH CAROLINA DEPARTMENT OF REVENUE	Transaction ID: SB23.259 Date of Disbursement																				
Mailing Address 301 GERVAIS ST PO BOX 125	<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>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City COLUMBIA State SC Zip Code 29214	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">176.50</td> </tr> </table>	176.50																			
176.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SOUTH CAROLINA DEPARTMENT OF REVENUE	Transaction ID: SB23.264 Date of Disbursement																				
Mailing Address 301 GERVAIS ST PO BOX 125	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	0	9												
City COLUMBIA State SC Zip Code 29214	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">176.50</td> </tr> </table>	176.50																			
176.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SOUTH CAROLINA DEPARTMENT OF REVENUE	Transaction ID: SB23.269 Date of Disbursement																				
Mailing Address 301 GERVAIS ST PO BOX 125	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	9												
City COLUMBIA State SC Zip Code 29214	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">176.50</td> </tr> </table>	176.50																			
176.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

529.50

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)

PAGE 212 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

SPELNA INC

Mailing Address 225 INDUSTRIAL CT

City
FREDERICKSBURG

State
VA

Zip Code
22408

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.38

Date of Disbursement

02 / 01 / 2009

Amount of Each Disbursement this Period

3976.50

B.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING

Mailing Address 7591 9TH ST N

City
SAINT PAUL

State
MN

Zip Code
55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.48

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

1473.60

C.

Full Name (Last, First, Middle Initial)

TML COPIERS & DIGITAL SOLUTIONS

Mailing Address 9700 CAPITAL CT STE 201

City
MANASSAS

State
VA

Zip Code
20110

Purpose of Disbursement
EQUIPMENT MAINTENANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.33

Date of Disbursement

03 / 16 / 2009

Amount of Each Disbursement this Period

591.91

SUBTOTAL of Disbursements This Page (optional)

6042.01

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)

PAGE 213 / 278

<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.

A.

Full Name (Last, First, Middle Initial)
TOTAL SECURITY LOCKSMITH

Mailing Address 2400 S GLEBE RD STE 403

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
PERSONNEL SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.285

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

440.00

B.

Full Name (Last, First, Middle Initial)
US POSTMASTER- 20260

Mailing Address 475 LENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.287

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

487.00

C.

Full Name (Last, First, Middle Initial)
US POSTMASTER- 20260

Mailing Address 475 LENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.288

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

487.00

SUBTOTAL of Disbursements This Page (optional)

1414.00

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)

PAGE 214 / 278

<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.

A. Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB23.303 Date of Disbursement																				
Mailing Address 475 LENFANT PLZ SW	<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>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20260	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOID CHECK	<table border="1"> <tr> <td>-487.00</td> </tr> </table>	-487.00																			
-487.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB23.304 Date of Disbursement																				
Mailing Address 475 LENFANT PLZ SW	<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>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20260	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOID CHECK	<table border="1"> <tr> <td>-487.00</td> </tr> </table>	-487.00																			
-487.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB23.37 Date of Disbursement																				
Mailing Address 1632 CRYSTAL SQ ARC	<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>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td>240.00</td> </tr> </table>	240.00																			
240.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

-734.00

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)

PAGE 215 / 278

<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.

A. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF REVENUE

Mailing Address 3600 W BROAD ST STE 160

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.260

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

2501.84

B. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF REVENUE

Mailing Address 3600 W BROAD ST STE 160

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.265

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

2894.10

C. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF REVENUE

Mailing Address 3600 W BROAD ST STE 160

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.270

Date of Disbursement

02 / 15 / 2009

Amount of Each Disbursement this Period

2371.89

SUBTOTAL of Disbursements This Page (optional)

7767.83

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)

PAGE 216 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

VIRGINIA DEPARTMENT OF REVENUE

Mailing Address 3600 W BROAD ST STE 160

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.274

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

2251.11

B.

Full Name (Last, First, Middle Initial)

VIRGINIA DEPARTMENT OF REVENUE

Mailing Address 3600 W BROAD ST STE 160

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.278

Date of Disbursement

03 / 15 / 2009

Amount of Each Disbursement this Period

2286.67

C.

Full Name (Last, First, Middle Initial)

VIRGINIA DEPARTMENT OF REVENUE

Mailing Address 3600 W BROAD ST STE 160

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.282

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

2260.11

SUBTOTAL of Disbursements This Page (optional)

6797.89

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)

PAGE 217 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

XO COMMUNICATIONS

Mailing Address 8851 SANDY PKWY

City
SANDY

State
UT

Zip Code
84070

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.302

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4425.40

B.

Full Name (Last, First, Middle Initial)

YUMA SOLUTIONS INC

Mailing Address PO BOX 152075

City
TAMPA

State
FL

Zip Code
33684

Purpose of Disbursement
COMPUTER SUPPORT/EQUIPMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.20

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35285.93

SUBTOTAL of Disbursements This Page (optional)

39711.33

TOTAL This Period (last page this line number only)

1463126.75

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 218 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

TRAVIS K ANDERSON

Mailing Address 14 PERRY ST

City
MORRISTOWN

State
NJ

Zip Code
07960

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.108

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2300.00

B.

Full Name (Last, First, Middle Initial)

TRAVIS K ANDERSON

Mailing Address 14 PERRY ST

City
MORRISTOWN

State
NJ

Zip Code
07960

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.64

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

DEBORAH T BUCKNAM

Mailing Address PO BOX 310 1097 MAIN ST

City
ST. JOHNSBURY

State
VT

Zip Code
05819

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.14

Date of Disbursement

/ /

Amount of Each Disbursement this Period

700.00

SUBTOTAL of Disbursements This Page (optional)

700.00

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)

PAGE 219 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

DEBORAH T BUCKNAM

Mailing Address PO BOX 310 1097 MAIN ST

City State Zip Code
ST. JOHNSBURY VT 05819

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.15

Date of Disbursement

M M / D D / Y Y Y Y
03 / 02 / 2009

Amount of Each Disbursement this Period

700.00

B.

Full Name (Last, First, Middle Initial)

DEBORAH T BUCKNAM

Mailing Address PO BOX 310 1097 MAIN ST

City State Zip Code
ST. JOHNSBURY VT 05819

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.97

Date of Disbursement

M M / D D / Y Y Y Y
02 / 24 / 2009

Amount of Each Disbursement this Period

-700.00

C.

Full Name (Last, First, Middle Initial)

CALVIN M CADMUS

Mailing Address 12105 HORSESHOE RD

City State Zip Code
OAKDALE CA 95361

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.7

Date of Disbursement

M M / D D / Y Y Y Y
03 / 02 / 2009

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

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)

PAGE 220 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

CALVIN M CADMUS

Mailing Address 12105 HORSESHOE RD

City
OAKDALE

State
CA

Zip Code
95361

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.86

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-500.00

B.

Full Name (Last, First, Middle Initial)

BUFFY CAFRITZ

Mailing Address 5334 GOLDSBORO RD

City
BETHESDA

State
MD

Zip Code
20817

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.6

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

BUFFY CAFRITZ

Mailing Address 5334 GOLDSBORO RD

City
BETHESDA

State
MD

Zip Code
20817

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.90

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

-500.00

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)

PAGE 221 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

ARMANDO C CHAPELLI, JR

Mailing Address 798 RIDGEWOOD RD

City State Zip Code
KEY BISCAYNE FL 33149

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

ARMANDO C CHAPELLI, JR

Mailing Address 798 RIDGEWOOD RD

City State Zip Code
KEY BISCAYNE FL 33149

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.72

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2300.00

C.

Full Name (Last, First, Middle Initial)

EDNA L CORNFORTH

Mailing Address 2308 WEYBRIDGE DR

City State Zip Code
BAKERSFIELD CA 93311

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.17

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

200.00

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)

PAGE 222 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

GARDNER COWLES, II

Mailing Address PO BOX 1704

City
SAG HARBOR

State
NY

Zip Code
11963

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2300.00

B.

Full Name (Last, First, Middle Initial)

GARDNER COWLES, II

Mailing Address PO BOX 1704

City
SAG HARBOR

State
NY

Zip Code
11963

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.20

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

KELLY COX

Mailing Address PO BOX 2217

City
MIDLAND

State
TX

Zip Code
79702

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.40

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional)

2300.00

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)

PAGE 223 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

KELLY COX

Mailing Address PO BOX 2217

City
MIDLAND

State
TX

Zip Code
79702

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.95

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Amount of Each Disbursement this Period

-2300.00

B.

Full Name (Last, First, Middle Initial)

CAROL T CRAWFORD

Mailing Address 4775 WHISPERING PINE WAY

City
NAPLES

State
FL

Zip Code
34103

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.9

Date of Disbursement

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

Amount of Each Disbursement this Period

700.00

C.

Full Name (Last, First, Middle Initial)

CAROL T CRAWFORD

Mailing Address 4775 WHISPERING PINE WAY

City
NAPLES

State
FL

Zip Code
34103

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.99

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Amount of Each Disbursement this Period

-700.00

SUBTOTAL of Disbursements This Page (optional)

-2300.00

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)

PAGE 224 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) MARGARET V DAVIS	Transaction ID: SB28A.103 Date of Disbursement
Mailing Address 400 SEWELL CT	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City IRVING State TX Zip Code 75038	Amount of Each Disbursement this Period
Purpose of Disbursement VOID CHECK	<div>-250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MARGARET V DAVIS	Transaction ID: SB28A.104 Date of Disbursement
Mailing Address 400 SEWELL CT	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City IRVING State TX Zip Code 75038	Amount of Each Disbursement this Period
Purpose of Disbursement VOID CHECK	<div>-250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MARGARET V DAVIS	Transaction ID: SB28A.43 Date of Disbursement
Mailing Address 400 SEWELL CT	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 0 9</div> </div>
City IRVING State TX Zip Code 75038	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 225 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

SALLIE O DAVIS

Mailing Address 4780 N LAKE DR

City State Zip Code
MILWAUKEE WI 53211

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.55

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)

SALLIE O DAVIS

Mailing Address 4780 N LAKE DR

City State Zip Code
MILWAUKEE WI 53211

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.56

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 9

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

SALLIE O DAVIS

Mailing Address 4780 N LAKE DR

City State Zip Code
MILWAUKEE WI 53211

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.83

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Amount of Each Disbursement this Period

-400.00

SUBTOTAL of Disbursements This Page (optional)

2300.00

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)

PAGE 226 / 278

<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 checked="" 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.

A. Full Name (Last, First, Middle Initial) JEFFREY S DIAMOND	Transaction ID: SB28A.30 Date of Disbursement																				
Mailing Address 2237 EDGEMER PL	<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>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	9												
City MARIETTA State GA Zip Code 30062	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"> <tr> <td>2</td><td>3</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	3	0	0	.	0	0													
2	3	0	0	.	0	0															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) WILLIAM S DODDRIDGE	Transaction ID: SB28A.67 Date of Disbursement																				
Mailing Address 15732 TUSTIN VILLAGE WAY STE A	<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>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	0	9												
City TUSTIN State CA Zip Code 92780	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"> <tr> <td>2</td><td>3</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	3	0	0	.	0	0													
2	3	0	0	.	0	0															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) WILLIAM S DODDRIDGE	Transaction ID: SB28A.85 Date of Disbursement																				
Mailing Address 15732 TUSTIN VILLAGE WAY STE A	<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>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	0	9												
City TUSTIN State CA Zip Code 92780	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOID CHECK	<table border="1"> <tr> <td>-</td><td>2</td><td>3</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	-	2	3	0	0	.	0	0												
-	2	3	0	0	.	0	0														
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2300.00

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)

PAGE 227 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MICHAEL DUCKWORTH

Mailing Address 223 MARIGOLD AVE

City
CORONA DEL MAR

State
CA

Zip Code
92625

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.45

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

2100.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL DUCKWORTH

Mailing Address 223 MARIGOLD AVE

City
CORONA DEL MAR

State
CA

Zip Code
92625

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.73

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Amount of Each Disbursement this Period

-2100.00

C.

Full Name (Last, First, Middle Initial)

MILBURN KENNETH FREER

Mailing Address 4226 UTAH ST #20

City
SAN DIEGO

State
CA

Zip Code
92104

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.46

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

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)

PAGE 228 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

ROBERTA L GOLDWATER

Mailing Address 380 GULF OF MEXICO DR APT 533

City State Zip Code
LONGBOAT KEY FL 34228

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.54

Date of Disbursement

M M / D D / Y Y Y Y
03 / 04 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

HAROLD GRABINO

Mailing Address 145 CENTRAL PARK W # 11C

City State Zip Code
NEW YORK NY 10023

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.100

Date of Disbursement

M M / D D / Y Y Y Y
02 / 24 / 2009

Amount of Each Disbursement this Period

-400.00

C.

Full Name (Last, First, Middle Initial)

HAROLD GRABINO

Mailing Address 145 CENTRAL PARK W # 11C

City State Zip Code
NEW YORK NY 10023

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.22

Date of Disbursement

M M / D D / Y Y Y Y
03 / 02 / 2009

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

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)

PAGE 229 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

JANE K GRETTTER

Mailing Address 4830 KENNETT PKE APT 4205

City
WILMINGTON

State
DE

Zip Code
19807

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.29

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

NIELS DE GROOT

Mailing Address 11 AV PERDTEMPS

City
NYON

State

Zip Code
01260

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.50

Date of Disbursement

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

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

NIELS DE GROOT

Mailing Address 11 AV PERDTEMPS

City
NYON

State

Zip Code
01260

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.98

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Amount of Each Disbursement this Period

-2300.00

SUBTOTAL of Disbursements This Page (optional)

100.00

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)

PAGE 230 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

VAHAN H GUREGHIAN

Mailing Address 841 MERION SQ RD

City State Zip Code
GLADWYNE PA 19035

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2900.00

B.

Full Name (Last, First, Middle Initial)

VAHAN H GUREGHIAN

Mailing Address 841 MERION SQ RD

City State Zip Code
GLADWYNE PA 19035

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.65

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2900.00

C.

Full Name (Last, First, Middle Initial)

NEIL B HADLEY

Mailing Address 3476 DAYTON ST

City State Zip Code
DENVER CO 80238

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.114

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-500.00

SUBTOTAL of Disbursements This Page (optional)

-500.00

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)

PAGE 231 / 278

<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 checked="" 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.

A. Full Name (Last, First, Middle Initial) NEIL B HADLEY	Transaction ID: SB28A.49 Date of Disbursement																				
Mailing Address 3476 DAYTON ST	<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>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	0	9												
City DENVER State CO Zip Code 80238	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>500.00</td> </tr> </table>																				500.00
									500.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) J EVETTS HALEY, JR	Transaction ID: SB28A.81 Date of Disbursement																				
Mailing Address PO BOX 2515	<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>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	0	9												
City MIDLAND State TX Zip Code 79702	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOID CHECK	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-2300.00</td> </tr> </table>																				-2300.00
									-2300.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) J EVETTS HALEY, JR	Transaction ID: SB28A.82 Date of Disbursement																				
Mailing Address PO BOX 2515	<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>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	0	9												
City MIDLAND State TX Zip Code 79702	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOID CHECK	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-2300.00</td> </tr> </table>																				-2300.00
									-2300.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

-4100.00

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)

PAGE 232 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

CLAY W HAMLIN, III

Mailing Address 40 MORRIS AVE STE 100

City
BRENMAR

State
PA

Zip Code
19010

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.12

Date of Disbursement

M M / D D / Y Y Y Y
03 / 02 / 2009

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)

CLAY W HAMLIN, III

Mailing Address 40 MORRIS AVE STE 100

City
BRENMAR

State
PA

Zip Code
19010

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.96

Date of Disbursement

M M / D D / Y Y Y Y
02 / 24 / 2009

Amount of Each Disbursement this Period

-400.00

C.

Full Name (Last, First, Middle Initial)

CHARLES R HARRIS

Mailing Address 236 MAINSAIL RD

City
KINGSTON

State
TN

Zip Code
37763

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.10

Date of Disbursement

M M / D D / Y Y Y Y
02 / 10 / 2009

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

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)

PAGE 233 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

HATTIE HARRIS

Mailing Address 236 MAINSAIL RD

City
KINGSTON

State
TN

Zip Code
37763

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.23

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

JACK HENDRICKSON

Mailing Address 8 LAKE HELIX DR

City
LA MESA

State
CA

Zip Code
91941

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.27

Date of Disbursement

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

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

JACK HENDRICKSON

Mailing Address 8 LAKE HELIX DR

City
LA MESA

State
CA

Zip Code
91941

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.87

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Amount of Each Disbursement this Period

-2300.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

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)

PAGE 234 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

JAMES L ISAACS

Mailing Address 220 CLARK DR

City
SAN MATEO

State
CA

Zip Code
94402

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.28

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

JAMES L ISAACS

Mailing Address 220 CLARK DR

City
SAN MATEO

State
CA

Zip Code
94402

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.80

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2300.00

C.

Full Name (Last, First, Middle Initial)

KEVIN M JACKSON

Mailing Address 3055 NORTHERN AVE

City
KINGMAN

State
AZ

Zip Code
86409

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.42

Date of Disbursement

/ /

Amount of Each Disbursement this Period

0.32

SUBTOTAL of Disbursements This Page (optional)

0.32

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)

PAGE 235 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

JERROLD M JUNG

Mailing Address PO BOX 7060

City
NOVI

State
MI

Zip Code
48376

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.32

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

JERROLD M JUNG

Mailing Address PO BOX 7060

City
NOVI

State
MI

Zip Code
48376

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.91

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2300.00

C.

Full Name (Last, First, Middle Initial)

ALLEN S KAPLAN

Mailing Address 5 RIDGE DRIVE E

City
GREAT NECK

State
NY

Zip Code
11021

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional)

2300.00

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)

PAGE 236 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

ALLEN S KAPLAN

Mailing Address 5 RIDGE DRIVE E

City
GREAT NECK

State
NY

Zip Code
11021

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.78

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Amount of Each Disbursement this Period

-2300.00

B.

Full Name (Last, First, Middle Initial)

SUE W KELLY

Mailing Address 187 JAY ST

City
KATONAH

State
NY

Zip Code
10536

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.59

Date of Disbursement

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

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

SUE W KELLY

Mailing Address 187 JAY ST

City
KATONAH

State
NY

Zip Code
10536

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.92

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Amount of Each Disbursement this Period

-2300.00

SUBTOTAL of Disbursements This Page (optional)

-2300.00

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)

PAGE 237 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

BARRON ULMER KIDD

Mailing Address 4315 GLENWOOD AVE

City
DALLAS

State
TX

Zip Code
75205

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

700.00

B.

Full Name (Last, First, Middle Initial)

BARRON ULMER KIDD

Mailing Address 4315 GLENWOOD AVE

City
DALLAS

State
TX

Zip Code
75205

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.94

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-700.00

C.

Full Name (Last, First, Middle Initial)

JENNIFER S KRUEGER

Mailing Address 5847 BEAR STONE RUN

City
OVIEDO

State
FL

Zip Code
32765

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.31

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional)

2300.00

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)

PAGE 238 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

JENNIFER S KRUEGER

Mailing Address 5847 BEAR STONE RUN

City
OVIEDO

State
FL

Zip Code
32765

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.89

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2300.00

B.

Full Name (Last, First, Middle Initial)

THOMAS B LEARY

Mailing Address 615 E ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.62

Date of Disbursement

/ /

Amount of Each Disbursement this Period

700.00

C.

Full Name (Last, First, Middle Initial)

DAWN LENZEN

Mailing Address 138 WILMARTH AVE

City
EAST PROVIDENCE

State
RI

Zip Code
02914

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1700.00

SUBTOTAL of Disbursements This Page (optional)

100.00

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)

PAGE 239 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

YALE H LEVIN

Mailing Address 32276 OLDE FRANKLIN DR

City FARMINGTON HILLS State MI Zip Code 48334

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.68

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

YALE H LEVIN

Mailing Address 32276 OLDE FRANKLIN DR

City FARMINGTON HILLS State MI Zip Code 48334

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.77

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Amount of Each Disbursement this Period

-2300.00

C.

Full Name (Last, First, Middle Initial)

SONDRA MACK

Mailing Address 2115 LINWOOD AVE STE 110

City FORT LEE State NJ Zip Code 07024

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.57

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional)

2300.00

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)

PAGE 240 / 278

<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 checked="" 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.

A. Full Name (Last, First, Middle Initial) SONDRA MACK	Transaction ID: SB28A.79 Date of Disbursement																				
Mailing Address 2115 LINWOOD AVE STE 110	<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>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	0	9												
City FORT LEE State NJ Zip Code 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOID CHECK	<table border="1"> <tr> <td>-2300.00</td> </tr> </table>	-2300.00																			
-2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ALFRED PATRICK MCEVOY	Transaction ID: SB28A.1 Date of Disbursement																				
Mailing Address 6301 PRESTON PKY	<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>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	9												
City DALLAS State TX Zip Code 75205	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MILO MEDIN	Transaction ID: SB28A.47 Date of Disbursement																				
Mailing Address 885 HILLCREST DR	<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>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	2		2	0	0	9												
City REDWOOD CITY State CA Zip Code 94062	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1000.00

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)

PAGE 241 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

DIANNE N MEYER

Mailing Address 12710 WYNDROSE CT

City DES PERES State MO Zip Code 63131

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.16

Date of Disbursement

02 / 10 / 2009

Amount of Each Disbursement this Period

2700.00

B.

Full Name (Last, First, Middle Initial)

SUSAN J MILLER

Mailing Address 176 TIERRA BONITA CT

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.60

Date of Disbursement

01 / 02 / 2009

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

JIM MOISE

Mailing Address 17 CARMEL BAY DR

City CORONA DEL MAR State CA Zip Code 92625

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.34

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional)

5800.00

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)

PAGE 242 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) IKE J MONTY Mailing Address 925 RIM RD	Transaction ID: SB28A.109 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City EL PASO State TX Zip Code 79902 Purpose of Disbursement VOID CHECK Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>-400.00</div>
B. Full Name (Last, First, Middle Initial) IKE J MONTY Mailing Address 925 RIM RD City EL PASO State TX Zip Code 79902 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.24 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>400.00</div>
C. Full Name (Last, First, Middle Initial) IKE J MONTY Mailing Address 925 RIM RD City EL PASO State TX Zip Code 79902 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.25 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>400.00</div>

SUBTOTAL of Disbursements This Page (optional)

400.00

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)

PAGE 243 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

BRUCE MOORE

Mailing Address 2550 DENALI ST STE#1502

City
ANCHORAGE

State
AK

Zip Code
99503

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2700.00

B.

Full Name (Last, First, Middle Initial)

BRUCE MOORE

Mailing Address 2550 DENALI ST STE#1502

City
ANCHORAGE

State
AK

Zip Code
99503

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.84

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2700.00

C.

Full Name (Last, First, Middle Initial)

JERRY MORGAN

Mailing Address 3506 BARTON PT

City
AUSTIN

State
TX

Zip Code
78733

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.33

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

300.00

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)

PAGE 244 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

JOHN H MORGAN

Mailing Address 175 S MAIN ST STE 1310

City
SALT LAKE CITY

State
UT

Zip Code
84111

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.101

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Amount of Each Disbursement this Period

-250.00

B.

Full Name (Last, First, Middle Initial)

JOHN H MORGAN

Mailing Address 175 S MAIN ST STE 1310

City
SALT LAKE CITY

State
UT

Zip Code
84111

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.35

Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

KEITH NICHOLSON

Mailing Address 1 LAS OLAS CIR #614

City
FORT LAUDERDALE

State
FL

Zip Code
03316

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.39

Date of Disbursement

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

Amount of Each Disbursement this Period

2050.00

SUBTOTAL of Disbursements This Page (optional)

2050.00

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)

PAGE 245 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

KEITH NICHOLSON

Mailing Address 1 LAS OLAS CIR #614

City
FORT LAUDERDALE

State
FL

Zip Code
03316

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.88

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2050.00

B.

Full Name (Last, First, Middle Initial)

RICHARD B OWEN

Mailing Address 1700 MORRISSEY DR

City
BLOOMINGTON

State
IL

Zip Code
61704

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.51

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1150.00

C.

Full Name (Last, First, Middle Initial)

THOMAS R PARKER

Mailing Address 511 10TH ST SE

City
WASHINGTON

State
DC

Zip Code
02003

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-150.00

SUBTOTAL of Disbursements This Page (optional)

-1050.00

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)

PAGE 246 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

THOMAS R PARKER

Mailing Address 511 10TH ST SE

City
WASHINGTON

State
DC

Zip Code
02003

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.63

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

B.

Full Name (Last, First, Middle Initial)

KAREN PELLE

Mailing Address 9449 8TH ST

City
RANCHO CUCAMONGA

State
CA

Zip Code
91730

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.38

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2700.00

C.

Full Name (Last, First, Middle Initial)

GREG RENKER

Mailing Address 5959 TOPANGA CANYON BVLD STE 180

City
WOODLAND HILLS

State
CA

Zip Code
91367

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.21

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1300.00

SUBTOTAL of Disbursements This Page (optional)

4150.00

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)

PAGE 247 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

STEPHEN A ROELL

Mailing Address 19140 EDMONTON DR

City
BROOKFIELD

State
WI

Zip Code
53045

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.58

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

CALVIN W SCOTT

Mailing Address 4504 KINGSWICK DR

City
ARLINGTON

State
TX

Zip Code
76016

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.76

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-200.00

C.

Full Name (Last, First, Middle Initial)

CALVIN W SCOTT

Mailing Address 4504 KINGSWICK DR

City
ARLINGTON

State
TX

Zip Code
76016

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

2300.00

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)

PAGE 248 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

IRENE M SMITH

Mailing Address 4711 LONDON DR

City
INDIANAPOLIS

State
IN

Zip Code
46254

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.26

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

B.

Full Name (Last, First, Middle Initial)

FOYE STANIFORD

Mailing Address 4707 HIDDEN LN

City
FORT WORTH

State
TX

Zip Code
76107

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.18

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

RICHARD K STEPHENSON

Mailing Address 1609 COUNTY RD 112

City
CARBONDALE

State
CO

Zip Code
81623

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.53

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional)

4615.00

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)

PAGE 249 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

MAX J STORY

Mailing Address 2 TANGLEWOOD ST

City
MAGNOLIA

State
AR

Zip Code
71753

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.112

Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

-2300.00

B.

Full Name (Last, First, Middle Initial)

MAX J STORY

Mailing Address 2 TANGLEWOOD ST

City
MAGNOLIA

State
AR

Zip Code
71753

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.44

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

CLAIRE SUDLER

Mailing Address 13796 RIVOLI DR

City
PALM BEACH GARDENS

State
FL

Zip Code
33410

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.11

Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional)

2300.00

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)

PAGE 250 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

CLAIRE SUDLER

Mailing Address 13796 RIVOLI DR

City
PALM BEACH GARDENS

State
FL

Zip Code
33410

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.74

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2300.00

B.

Full Name (Last, First, Middle Initial)

JULIE SPELLMAN SWEET

Mailing Address 455 CENTRAL PARK W APT 19A

City
NEW YORK

State
NY

Zip Code
10025

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.37

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

JULIE SPELLMAN SWEET

Mailing Address 455 CENTRAL PARK W APT 19A

City
NEW YORK

State
NY

Zip Code
10025

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.75

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2300.00

SUBTOTAL of Disbursements This Page (optional)

-2300.00

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)

PAGE 251 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MOLLY C TOOLE

Mailing Address 1166 W SAMALAYUCA DR

City
TUCSON

State
AZ

Zip Code
85704

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.102

Date of Disbursement

M M / D D / Y Y Y Y
03 / 05 / 2009

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

MOLLY C TOOLE

Mailing Address 1166 W SAMALAYUCA DR

City
TUCSON

State
AZ

Zip Code
85704

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.48

Date of Disbursement

M M / D D / Y Y Y Y
03 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

SUSAN NICOLE HOUE WALTER

Mailing Address 6902 E RIVER RD

City
RUSH

State
NY

Zip Code
14543

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.61

Date of Disbursement

M M / D D / Y Y Y Y
01 / 02 / 2009

Amount of Each Disbursement this Period

1200.00

SUBTOTAL of Disbursements This Page (optional)

1200.00

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)

PAGE 252 / 278

<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 checked="" 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.

A. Full Name (Last, First, Middle Initial) JOHN WHITE-SPUNNER	Transaction ID: SB28A.113 Date of Disbursement																				
Mailing Address 2010 W I-65 SERVICE RD S	<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>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City MOBILE State AL Zip Code 36693	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOID CHECK	<table border="1"> <tr> <td>-7700.00</td> </tr> </table>	-7700.00																			
-7700.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JOHN WHITE-SPUNNER	Transaction ID: SB28A.36 Date of Disbursement																				
Mailing Address 2010 W I-65 SERVICE RD S	<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>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	0	9												
City MOBILE State AL Zip Code 36693	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"> <tr> <td>7700.00</td> </tr> </table>	7700.00																			
7700.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) KEVIN JON WILLIAMS	Transaction ID: SB28A.41 Date of Disbursement																				
Mailing Address 425 WISTER RD	<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>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	0	9												
City WYNNEWOOD State PA Zip Code 19096	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"> <tr> <td>1300.00</td> </tr> </table>	1300.00																			
1300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1300.00

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)

PAGE 253 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

KEVIN JON WILLIAMS

Mailing Address 425 WISTER RD

City
WYNNEWOOD

State
PA

Zip Code
19096

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.93

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Amount of Each Disbursement this Period

-1300.00

B.

Full Name (Last, First, Middle Initial)

GAIL WILSON WORTH

Mailing Address 5900 EAST 150 HWY

City
GRANDVIEW

State
MO

Zip Code
64030

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.19

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

RICHARD B WRIGHT

Mailing Address 1097 RAMBLING WAY

City
AKRON

State
OH

Zip Code
44333

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.106

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 0 9

Amount of Each Disbursement this Period

-300.00

SUBTOTAL of Disbursements This Page (optional)

400.00

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)

PAGE 254 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

RICHARD B WRIGHT

Mailing Address 1097 RAMBLING WAY

City
AKRON

State
OH

Zip Code
44333

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.52

Date of Disbursement

M M / D D / Y Y Y Y
03 / 25 / 2009

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

WATSON WRIGHT

Mailing Address 207 WOOD RD

City
RICHMOND

State
VA

Zip Code
23229

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.111

Date of Disbursement

M M / D D / Y Y Y Y
03 / 05 / 2009

Amount of Each Disbursement this Period

-200.00

C.

Full Name (Last, First, Middle Initial)

WATSON WRIGHT

Mailing Address 207 WOOD RD

City
RICHMOND

State
VA

Zip Code
23229

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.66

Date of Disbursement

M M / D D / Y Y Y Y
03 / 25 / 2009

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

300.00

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)

PAGE 255 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

EDONATION.COM

Mailing Address 118 N SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
CONTRIBUTION REFUNDS- SEE MEMOS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.69

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

13040.00

B.

Full Name (Last, First, Middle Initial)

ROBERT BROWNE

Mailing Address 30 SEDGWICK AVE

City
YONKERS

State
NY

Zip Code
10705

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.5

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DO COSTELLO

Mailing Address 5625 ST JAMES CT

City
RICHMOND

State
VA

Zip Code
23225

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.19

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

13040.00

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)

PAGE 256 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

NEAL CREIGHTON

Mailing Address 96 BROOKLINE STREET

City
NEEDHAM

State
MA

Zip Code
02492

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DOROTHY DEFRANCIA

Mailing Address 9621 GEORGETOWN PIKE

City
GREAT FALLS

State
VA

Zip Code
22066

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.33

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DON C ENGLISH

Mailing Address 35 FOREST GLADES CIR

City
SHERWOOD

State
AR

Zip Code
72120

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.40

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 257 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

WARREN ERBSEN

Mailing Address 7901 E IOWA AVE

City
DENVER

State
CO

Zip Code
80231

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.37

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

BERNARDO FIORAVANTI

Mailing Address 1510 W 90TH ST N

City
WAGONER

State
OK

Zip Code
74467

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.39

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

LIONEL GARCIA

Mailing Address PO BOX 329

City
SEABROOK

State
TX

Zip Code
77586

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 258 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

B CHARLES GRAHAM

Mailing Address PO BOX 2901

City
AMARILLO

State
TX

Zip Code
79105

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.22

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FRANCOIS DI GREGORIO

Mailing Address 95 FULLER MOUNTAIN RD

City
KENT

State
CT

Zip Code
06757

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.25

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

MARCIA GROSS

Mailing Address 10037 FILLMORE CT

City
CROWN POINT

State
IN

Zip Code
46307

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 259 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

LEX C GUDMUNDSON

Mailing Address 9329 VALENCIA CANYON DR

City LAS VEGAS State NV Zip Code 89117

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.15

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

TAYLOR HOFFMAN

Mailing Address 770 5TH ST NW APT 1201

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DOROTHY JACOB

Mailing Address 529 MARSH CIR

City ST SIMONS ISLAND State GA Zip Code 31522

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.31

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 260 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

EMILY KAUFMAN

Mailing Address 233 ST THOMAS LN

City
OWINGS MILLS

State
MD

Zip Code
21117

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.12

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

MARTHA KNBOLER

Mailing Address 1256 MONTEREY AVE

City
BERKELEY

State
CA

Zip Code
94707

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.29

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

SAMUEL KRAUSE

Mailing Address 17422 DEVONSHIRE ST

City
NORTHRIDGE

State
CA

Zip Code
91325

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.14

Date of Disbursement

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Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 261 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

BRUCE LOTTMAN

Mailing Address 2950 SE OCEAN BLVD APT 124-1

City
STUART

State
FL

Zip Code
34996

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.34

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

R K LYON

Mailing Address PO BOX 1905

City
ADA

State
OK

Zip Code
74821

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

JOSEPH MALLOZZI

Mailing Address 501 BELL LN

City
MAPLE GLEN

State
PA

Zip Code
19002

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.28

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 262 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

JD MARKS

Mailing Address 1734 DURANGO AVE

City
LOS ANGELES

State
CA

Zip Code
90035

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.18

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

JANET MARTIN

Mailing Address 615 EHOLLY AVE 216

City
EL SEGUNDO

State
CA

Zip Code
90245

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.27

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FRANK MCGLYNN

Mailing Address 3816 CHANTILLY RD

City
CHANTILLY

State
VA

Zip Code
20151

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.38

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

	23		24		25		26		27a
	27b	X	28a		28b		28c		29

MCCAIN-PALIN COMPLIANCE FUND, INC.

FEC Schedule B (Form 3P)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 264 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

WILLIAM F PERKINS

Mailing Address 5240 WINDRIDGE DR

City
INDIANAPOLIS

State
IN

Zip Code
46226

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.16

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

GEORGE K RASLEY

Mailing Address 2629-C S WALTER REED DR

City
ARLINGTON

State
VA

Zip Code
22206

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.24

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

LLOYD W RICHARDS

Mailing Address 1371 SW WINDSOR ST

City
OAK HARBOR

State
WA

Zip Code
98277

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.13

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 265 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

RICHARD ROBICHAUX

Mailing Address 6257 HIGHLAND RD

City
BATON ROUGE

State
LA

Zip Code
70808

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

C HOWARD SCHOCKLIN

Mailing Address 1340 N GREAT NECK RD STE #1272-400

City
VIRGINIA BEACH

State
VA

Zip Code
23454

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.23

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

JACEK SOSNOWSKI

Mailing Address 3830 KINDERLOU FOREST

City
VALDOSTA

State
GA

Zip Code
31601

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.17

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 266 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

RICH STEINMETZ

Mailing Address 1248 UNIVERSITY DR

City
YARDLEY

State
PA

Zip Code
19067

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

EDWARD STOCKER

Mailing Address 1445 DAPPLE DAWN LN

City
LINCOLN

State
CA

Zip Code
95648

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

KAREN L TOMLINSON

Mailing Address 70 DEVONSHIRE DR APARTMENT E

City
GUILDERLAND

State
NY

Zip Code
12084

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.36

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 267 / 278

<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 checked="" 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.

A. Full Name (Last, First, Middle Initial) DAVID TROTTER	Transaction ID: SB28AM.35 Date of Disbursement																				
Mailing Address 14831 E WHITTIER BLVD STE 202	<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>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City WHITTIER State CA Zip Code 90605	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) GLORIA P WIKE	Transaction ID: SB28AM.6 Date of Disbursement																				
Mailing Address 28918 MALTBY AVE	<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>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City MORENO VALLEY State CA Zip Code 92555	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JOHN WILBOURNE	Transaction ID: SB28AM.11 Date of Disbursement																				
Mailing Address 5251 RANCHO VISTA LN	<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>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City WEST VALLEY CITY State UT Zip Code 84120	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION REFUND	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 268 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

BILLY H WILLIAMSON

Mailing Address 18 THUNDERBIRD DR

City State Zip Code
TRAVELERS REST SC 29690

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.32

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

MARK R WINDER

Mailing Address 9518 ARCADE DR

City State Zip Code
SPRING TX 77379

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.21

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

EDONATION.COM

Mailing Address 118 N SAINT ASAPH ST

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
CONTRIBUTION REFUNDS- SEE MEMOS

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.70

Date of Disbursement

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

Amount of Each Disbursement this Period

710.00

SUBTOTAL of Disbursements This Page (optional)

710.00

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)

PAGE 269 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

NANCY BELMONTE

Mailing Address 250 WALNUT STREET

City State Zip Code
SAN FRANCISCO CA 94118

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.43

Date of Disbursement

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

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

VIVIAN MYRETETUS

Mailing Address 2301 TRECOTT DR

City State Zip Code
TALLAHASSEE FL 32308

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.41

Date of Disbursement

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

Amount of Each Disbursement this Period

95.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

JOSEPH WHELAN

Mailing Address 1717 BRUARCLIFF DR

City State Zip Code
URBANA IL 61802

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.42

Date of Disbursement

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

Amount of Each Disbursement this Period

415.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 270 / 278

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) EDONATION.COM	Transaction ID: SB28A.71 Date of Disbursement
Mailing Address 118 N SAINT ASAPH ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUNDS- SEE MEMOS	<div>5760.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JOHN ALIG	Transaction ID: SB28AM.44 Date of Disbursement
Mailing Address 1646 E ELMWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 9</div> </div>
City MESA State AZ Zip Code 85203	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>400.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) LEWIS BOCK	Transaction ID: SB28AM.61 Date of Disbursement
Mailing Address 34 STONE CREEK PL	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 9</div> </div>
City THE WOODLANDS State TX Zip Code 77382	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>200.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5760.00

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)

PAGE 271 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

WILLIAM CLANCEY

Mailing Address 406 IDLEWOOD DR

City
ALEXANDRIA

State
LA

Zip Code
71303

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.46

Date of Disbursement

M M / D D / Y Y Y Y
03 / 04 / 2009

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

NEAL CREIGHTON, JR

Mailing Address 96 BROOKLINE ST

City
NEEDHAM

State
MA

Zip Code
02492

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.56

Date of Disbursement

M M / D D / Y Y Y Y
03 / 04 / 2009

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

TRENT FAILING

Mailing Address 10501 NW RIVER HILLS DR

City
PARKVILLE

State
MO

Zip Code
64152

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.60

Date of Disbursement

M M / D D / Y Y Y Y
03 / 04 / 2009

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 272 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

FREDERICK FISHER

Mailing Address PO BOX 327

City
SONOITA

State
AZ

Zip Code
85637

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.45

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2009

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

WESLEY GERMAN

Mailing Address 115 SILVER LEAF DR

City
FAYETTEVILLE

State
GA

Zip Code
30214

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.55

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2009

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

JAMES GILLEN

Mailing Address 72 WASHINGTON VALLEY RD

City
MORRISTOWN

State
NJ

Zip Code
07960

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.63

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2009

Amount of Each Disbursement this Period

1300.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 273 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

DAYTON HOWARD

Mailing Address 1350 QUARTZ HILL LN

City State Zip Code
ESCONDIDO CA 92027

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.49

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2009

Amount of Each Disbursement this Period

400.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

NICHOLE HUSEBY

Mailing Address 312 SUNNYSIDE DR

City State Zip Code
NASHVILLE TN 37205

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.48

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

SAMUEL KRAUSE

Mailing Address 17422 DEVONSHIRE ST

City State Zip Code
NORTHRIDGE CA 91325

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.59

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2009

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 274 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

SIMON MADORSKY

Mailing Address 56 VICTORIA ST

City
NEWPORT BEACH

State
CA

Zip Code
92660

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.53

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

JOSEPH MAGYAR

Mailing Address 800 N DELAWARE ST

City
SAN MATEO

State
CA

Zip Code
94401

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.51

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

STEPHEN M PARKER

Mailing Address PO BOX 2243

City
PASCAGOULA

State
MS

Zip Code
39569

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.50

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 275 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

GEORGE RASLEY

Mailing Address 2629C S WALTER REED DR

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.54

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DEIRDRE RUSSELL

Mailing Address PO BOX 10846

City PRESCOTT State AZ Zip Code 86304

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.52

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

KENNETH SMITH

Mailing Address 40 OXFORD RD

City EAST ROCKAWAY State NY Zip Code 11518

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.62

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 276 / 278

<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 checked="" 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.

A.

Full Name (Last, First, Middle Initial)

LOWERY SMITH

Mailing Address 2868 W RIVER PKY

City
MINNEAPLOIS

State
MN

Zip Code
55406

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.58

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

RICHARD STEVENS

Mailing Address 221 W 82ND ST

City
NEW YORK

State
NY

Zip Code
10024

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.57

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

MARK WHITE

Mailing Address 327 SHAW ST

City
ATHENS

State
AL

Zip Code
35611

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28AM.47

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

54475.32

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 277 / 278

<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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

MICHIGAN FRIENDS PAC

Mailing Address 52679 BELLE POINTE CT

City
SHELBY TOWNSHIP

State
MI

Zip Code
48316

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28C.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

300.00

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 278 / 278

<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.

A.

Full Name (Last, First, Middle Initial)

INTREPID FALLEN HEROES FUND

Mailing Address W 46TH ST AND 12TH AVE

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB29.1

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

4120.00

Donation represents funds
disbursed from donors related to The Stanford Group. See F99 for details.

B.

Full Name (Last, First, Middle Initial)

OPERATION SMILE

Mailing Address 6435 TIDEWATER DR

City NORFOLK State VA Zip Code 23509

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB29.2

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

4200.00

TOTAL This Period (last page this line number only)

4200.00