

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

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

Office Use Only

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

Example: If typing, type over the lines.

12FE4M5

MCCAIN-PALIN COMPLIANCE FUND, INC.

ADDRESS (number and street)

PO BOX 16664

Check if different than previously reported. (ACC)

ARLINGTON

CITY

VA

STATE

22215

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00446104

3. THIS REPORT IS FOR Primary

or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

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

Thirtieth day report following the General Election

on MM/DD/YYYY

Twelfth day report preceding election

on MM/DD/YYYY in the State of

Is this Report an Amendment?

yes

no

5. Covering Period

MM/DD/YYYY 07 / 01 / 2012

through

MM/DD/YYYY 09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Joseph Schmuckler

Signature of Treasurer

Joseph Schmuckler

[Electronically Filed]

Date

MM/DD/YYYY 10 / 08 / 2012

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

Office Use Only

Write or Type Committee Name

MCCAIN-PALIN COMPLIANCE FUND, INC.

Report Covering the Period: From: / / To: / /

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	<input type="text" value="1551655.36"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="42999.71"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="1594655.07"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	<input type="text" value="75463.78"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="1519191.29"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
13. EXPENDITURES SUBJECT TO LIMITATION	<input type="text" value="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)	<input type="text" value="365241.04"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="12244719.51"/>

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2012

To:

MM / DD / YYYY
09 / 30 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	0.00	339438.50
(ii) unitemized	0.00	322785.60
(iii) Total contributions	0.00	662224.10
(b) Political Party Committees	0.00	300.00
(c) Other Political Committees	0.00	6720.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	0.00	669244.10
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	5247149.36
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0.00	651059.87
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	651059.87
21. OTHER RECEIPTS (Dividends, Interest, etc.)	42999.71	1224074.57
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	42999.71	7791527.90

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2012

To:

MM / DD / YYYY
09 / 30 / 2012

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

23. OPERATING EXPENDITURES.....	75463.78	12895779.38
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	8691239.44
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	303703.06
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	300.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	304003.06
29. OTHER DISBURSEMENTS	0.00	10344437.79
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	75463.78	32235459.67

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

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC FORM 3P,
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Office Use Only

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

2. FEC IDENTIFICATION NUMBER

C C00446104

MCCAIN-PALIN COMPLIANCE FUND, INC.

ADDRESS (number and street)

PO BOX 16664

ARLINGTON

CITY

VA

STATE

22215

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

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

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address **PO BOX 6076**

City State Zip Code
NEWARK DE 19714

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
970516.50

Transaction ID : SA21.1

Date of Receipt
M M / D D / Y Y Y Y
07 31 2012

INTEREST EARNINGS

Amount of Each Receipt this Period
16978.14

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

Mailing Address **PO BOX 6076**

City State Zip Code
NEWARK DE 19714

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
970516.50

Transaction ID : SA21.2

Date of Receipt
M M / D D / Y Y Y Y
08 31 2012

INTEREST EARNINGS

Amount of Each Receipt this Period
11482.45

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

Mailing Address **PO BOX 6076**

City State Zip Code
NEWARK DE 19714

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
970516.50

Transaction ID : SA21.3

Date of Receipt
M M / D D / Y Y Y Y
09 30 2012

INTEREST EARNINGS

Amount of Each Receipt this Period
14539.12

Subtotal Of Receipts This Page (optional).....▶ **42999.71**

Total This Period (last page this line number only).....▶ **42999.71**

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. ELLEN BRADLEY		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address PO BOX 16664		Transaction ID : SB23.10
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1970.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) B. ELLEN BRADLEY		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address PO BOX 16664		Transaction ID : SB23.17
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1970.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) C. ELLEN BRADLEY		Date of Disbursement MM / DD / YYYY 07 / 13 / 2012
Mailing Address PO BOX 16664		Transaction ID : SB23.2
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1970.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. ELLEN BRADLEY		Date of Disbursement MM / DD / YYYY 07 / 31 / 2012
Mailing Address PO BOX 16664		Transaction ID : SB23.6
City ARLINGTON	State VA	
Zip Code 22215	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1970.04
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 07 / 01 / 2012
Mailing Address 5851 HOLMBERG RD		Transaction ID : SB23.1
City PARKLAND	State FL	
Zip Code 33076	Purpose of Disbursement COMPLIANCE CONSULTING/HEALTH INSURANCE	Amount of Each Disbursement this Period 3563.51
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 08 / 24 / 2012
Mailing Address 5851 HOLMBERG RD		Transaction ID : SB23.15
City PARKLAND	State FL	
Zip Code 33067	Purpose of Disbursement TRAVEL/EQUIPMENT PURCHASE/PAPER	Amount of Each Disbursement this Period 738.30
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 6271.85

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CAPLIN & DRYSDALE		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address ONE THOMAS CIR NW STE 1100		Transaction ID : SB23.14
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 7824.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CAPLIN & DRYSDALE		Date of Disbursement MM / DD / YYYY 08 / 24 / 2012
Mailing Address ONE THOMAS CIR NW STE 1100		Transaction ID : SB23.16
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 26623.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CAPLIN & DRYSDALE		Date of Disbursement MM / DD / YYYY 09 / 25 / 2012
Mailing Address ONE THOMAS CIR NW STE 1100		Transaction ID : SB23.21
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 24325.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 58773.17

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.11
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL SVC-INSUR-TAXES		Amount of Each Disbursement this Period 230.21
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. INSPERITY		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.18
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL SVC-INSUR-TAXES		Amount of Each Disbursement this Period 241.49
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. INSPERITY		Date of Disbursement MM / DD / YYYY 07 / 13 / 2012
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.3
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL SVC-INSUR-TAXES		Amount of Each Disbursement this Period 230.21
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement MM / DD / YYYY 07 / 31 / 2012
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.7
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 241.49	
Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address 1111 CONSTITUTION AVE NW		Transaction ID : SB23.12
City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period 755.73	
Purpose of Disbursement PAYROLL TAXES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address 1111 CONSTITUTION AVE NW		Transaction ID : SB23.19
City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period 755.73	
Purpose of Disbursement PAYROLL TAXES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 1752.95

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 14 / 15				
	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27a <input type="checkbox"/> 27b <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29					

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

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. INTERNAL REVENUE SERVICE		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>13</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		13		2012
M M	/	D D	/	Y Y Y Y									
07		13		2012									
Mailing Address 1111 CONSTITUTION AVE NW		Transaction ID : SB23.4											
City	State	Zip Code	Amount of Each Disbursement this Period										
WASHINGTON	DC	20224											
Purpose of Disbursement	Candidate Name		<table border="1"> <tr> <td>755.73</td> </tr> </table>	755.73									
755.73													
PAYROLL TAXES													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State:	District:	Category/Type											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. INTERNAL REVENUE SERVICE		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>31</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		31		2012
M M	/	D D	/	Y Y Y Y									
07		31		2012									
Mailing Address 1111 CONSTITUTION AVE NW		Transaction ID : SB23.8											
City	State	Zip Code	Amount of Each Disbursement this Period										
WASHINGTON	DC	20224											
Purpose of Disbursement	Candidate Name		<table border="1"> <tr> <td>755.73</td> </tr> </table>	755.73									
755.73													
PAYROLL TAXES													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State:	District:	Category/Type											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. VIRGINIA DEPARTMENT OF REVENUE		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>15</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		15		2012
M M	/	D D	/	Y Y Y Y									
08		15		2012									
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.13											
City	State	Zip Code	Amount of Each Disbursement this Period										
RICHMOND	VA	23230											
Purpose of Disbursement	Candidate Name		<table border="1"> <tr> <td>135.58</td> </tr> </table>	135.58									
135.58													
PAYROLL TAXES													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State:	District:	Category/Type											

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

1647.04

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

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. VIRGINIA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.20
City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period 135.58	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. VIRGINIA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 07 / 13 / 2012
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.5
City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period 135.58	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. VIRGINIA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 07 / 31 / 2012
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.9
City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period 135.58	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

Total This Period (last page this line number only)..... 75463.78