

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 / 2011

through

MM/DD/YYYY 09 / 30 / 2011

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 / 13 / 2011

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="10939063.60"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="4220.68"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="10943284.28"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	<input type="text" value="638324.69"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="10304959.59"/>
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="412258.04"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="11579010.98"/>

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

Page 3

NAME OF COMMITTEE (in Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2011

To:

MM / DD / YYYY
09 / 30 / 2011

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	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	50.00	650262.05
(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))	50.00	650262.05
21. OTHER RECEIPTS (Dividends, Interest, etc.)	4170.68	676718.75
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	4220.68	7182865.77

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 / 2011

To:

MM / DD / YYYY
09 / 30 / 2011

II. DISBURSEMENTS

**COLUMN A
Total This Period**

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

23. OPERATING EXPENDITURES.....	274892.36	12229273.03
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	8667004.44
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.....	100.00	256686.06
(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))	100.00	256986.06
29. OTHER DISBURSEMENTS	363332.33	1687765.71
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	638324.69	22841029.24

**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, Page 5
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 ▼
423160.60

Transaction ID : SB21.1

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2011

REALIZED CAPITAL GAINS

Amount of Each Receipt this Period
4170.68

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶ **4170.68**

Total This Period (last page this line number only).....▶ **4170.68**

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. TERRI BIELER

Mailing Address 3042 SAN CARLOS DR

City MARGATE State FL Zip Code 33063

Purpose of Disbursement PERSONNEL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 18 / 2011

Transaction ID : SB23.45

Amount of Each Disbursement this Period: 160.00

Category/Type

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

Mailing Address PO BOX 16664

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 15 / 2011

Transaction ID : SB23.15

Amount of Each Disbursement this Period: 1964.52

Category/Type

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

Mailing Address PO BOX 16664

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 29 / 2011

Transaction ID : SB23.17

Amount of Each Disbursement this Period: 1964.52

Category/Type

Subtotal Of Receipts This Page (optional)..... 4089.04

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 08 / 15 / 2011
Mailing Address PO BOX 16664		Transaction ID : SB23.19
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1964.52
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 / 2011
Mailing Address PO BOX 16664		Transaction ID : SB23.21
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1964.52
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 09 / 15 / 2011
Mailing Address PO BOX 16664		Transaction ID : SB23.23
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1964.52
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)..... → 5893.56

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)

<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 09 / 30 / 2011
Mailing Address PO BOX 16664		Transaction ID : SB23.25
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1964.52
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 09 / 30 / 2011
Mailing Address 39 CANTERBURY SQUARE		Transaction ID : SB23.51
City ALEXANDRIA	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 284.74
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. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 07 / 15 / 2011
Mailing Address PO BOX 16664		Transaction ID : SB23.16
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4960.54
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)..... 7209.80

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)

<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. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 07 / 29 / 2011
Mailing Address PO BOX 16664		Transaction ID : SB23.18
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="4960.54"/>
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 08 / 15 / 2011
Mailing Address PO BOX 16664		Transaction ID : SB23.20
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5252.44"/>
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 / 31 / 2011
Mailing Address PO BOX 16664		Transaction ID : SB23.22
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5279.04"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

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

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. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 09 / 15 / 2011
Mailing Address PO BOX 16664		Transaction ID : SB23.24
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 5279.04
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. SALVATORE PURPURA		Date of Disbursement MM / DD / YYYY 09 / 30 / 2011
Mailing Address PO BOX 16664		Transaction ID : SB23.26
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 5279.04
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. ADMINISTAFF		Date of Disbursement MM / DD / YYYY 07 / 15 / 2011
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.27
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	Candidate Name	Amount of Each Disbursement this Period 726.95
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)..... 11285.03

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)

<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. ADMINISTAFF		Date of Disbursement MM / DD / YYYY 08 / 15 / 2011
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.28
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 587.90	
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. ADMINISTAFF		Date of Disbursement MM / DD / YYYY 08 / 31 / 2011
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.29
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 608.38	
Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ADMINISTAFF		Date of Disbursement MM / DD / YYYY 09 / 15 / 2011
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.30
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 590.16	
Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1786.44

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. ADMINISTAFF		Date of Disbursement MM / DD / YYYY 09 / 30 / 2011
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.31
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 9,999.99 590.16	
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. ADMINISTAFF		Date of Disbursement MM / DD / YYYY 07 / 29 / 2011
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.44
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 9,999.99 760.05	
Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 08 / 01 / 2011
Mailing Address PO BOX 1270		Transaction ID : SB23.10
City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period 9,999.99 1218.46	
Purpose of Disbursement CREDIT CARD PAYMENT	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)..... 2568.67

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:
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<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. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 08 / 01 / 2011
Mailing Address PO BOX 1270		Transaction ID : SB23.104
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement BANK FEE	Amount of Each Disbursement this Period 55.00
Candidate Name	Category/ Type	[MEMO ITEM]
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. AT&T 07101		Date of Disbursement MM / DD / YYYY 08 / 01 / 2011
Mailing Address PO BOX 13148		Transaction ID : SB23.101
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement PHONE SERVICE	Amount of Each Disbursement this Period 303.37
Candidate Name	Category/ Type	[MEMO ITEM]
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. AT&T 07101		Date of Disbursement MM / DD / YYYY 08 / 01 / 2011
Mailing Address PO BOX 13148		Transaction ID : SB23.102
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement PHONE SERVICE	Amount of Each Disbursement this Period 482.27
Candidate Name	Category/ Type	[MEMO ITEM]
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)..... 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)

<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. AT&T 07101		Date of Disbursement MM / DD / YYYY 08 / 01 / 2011
Mailing Address PO BOX 13148		Transaction ID : SB23.103
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement PHONE SERVICE	Amount of Each Disbursement this Period 377.82
Candidate Name	Category/ Type	[MEMO ITEM]
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. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 09 / 06 / 2011
Mailing Address PO BOX 1270		Transaction ID : SB23.11
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement CREDIT CARD PAYMENT	Amount of Each Disbursement this Period 403.25
Candidate Name	Category/ Type	[MEMO ITEM]
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. AT&T 75202		Date of Disbursement MM / DD / YYYY 09 / 06 / 2011
Mailing Address 211 S AKARD ST RM 13147		Transaction ID : SB23.106
City DALLAS	State TX	
Zip Code 75202	Purpose of Disbursement PHONE SERVICE	Amount of Each Disbursement this Period 403.25
Candidate Name	Category/ Type	[MEMO ITEM]
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)..... 403.25

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BIELER BROTHERS		Date of Disbursement MM / DD / YYYY 08 / 05 / 2011
Mailing Address 4100 N POWERLINE RD, #U5		Transaction ID : SB23.50
City POMPANO BEACH	State FL	
Purpose of Disbursement STORAGE	Candidate Name	Amount of Each Disbursement this Period 1000.00
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 07 / 28 / 2011
Mailing Address ONE THOMAS CIR NW STE 1100		Transaction ID : SB23.13
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 37606.00
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 08 / 23 / 2011
Mailing Address ONE THOMAS CIR NW STE 1100		Transaction ID : SB23.14
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 39878.29
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)..... 78484.29

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:
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<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. EAGLE BANK		Date of Disbursement MM / DD / YYYY 07 / 12 / 2011
Mailing Address 4831 CORDELL AVE		Transaction ID : SB23.4
City BETHESDA	State MD	
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period 34.03
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. EAGLE BANK		Date of Disbursement MM / DD / YYYY 08 / 10 / 2011
Mailing Address 4831 CORDELL AVE		Transaction ID : SB23.5
City BETHESDA	State MD	
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period 34.01
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. EAGLE BANK		Date of Disbursement MM / DD / YYYY 09 / 13 / 2011
Mailing Address 4831 CORDELL AVE		Transaction ID : SB23.6
City BETHESDA	State MD	
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period 34.02
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)..... 102.06

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)

<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. HUCKABY DAVIS LISKER		Date of Disbursement MM / DD / YYYY 07 / 25 / 2011
Mailing Address 228 S WASHINGTON ST STE 115		Transaction ID : SB23.7
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 20000.00	
Purpose of Disbursement COMPLIANCE CONSULTING	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. HUCKABY DAVIS LISKER		Date of Disbursement MM / DD / YYYY 09 / 14 / 2011
Mailing Address 228 S WASHINGTON ST STE 115		Transaction ID : SB23.8
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 20000.00	
Purpose of Disbursement COMPLIANCE CONSULTING	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. ICSYSTEM INC		Date of Disbursement MM / DD / YYYY 07 / 13 / 2011
Mailing Address PO BOX 64378		Transaction ID : SB23.12
City ST PAUL State MN Zip Code 55164	Amount of Each Disbursement this Period 388.01	
Purpose of Disbursement INTERNET SERVICE	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)..... 40388.01

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

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

Full Name (Last, First, Middle Initial) A. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 07 / 15 / 2011
Mailing Address 1111 CONSTITUTION AVE NW		Transaction ID : SB23.32
City WASHINGTON	State DC	
Zip Code 20224	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 3812.50
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 07 / 29 / 2011
Mailing Address 1111 CONSTITUTION AVE NW		Transaction ID : SB23.34
City WASHINGTON	State DC	
Zip Code 20224	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 3812.50
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 08 / 15 / 2011
Mailing Address 1111 CONSTITUTION AVE NW		Transaction ID : SB23.36
City WASHINGTON	State DC	
Zip Code 20224	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 3228.70
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)..... 10853.70

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 31 / 2011

Transaction ID : SB23.38

Amount of Each Disbursement this Period

3175.50

Full Name (Last, First, Middle Initial)

B. INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2011

Transaction ID : SB23.40

Amount of Each Disbursement this Period

3175.50

Full Name (Last, First, Middle Initial)

C. INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2011

Transaction ID : SB23.42

Amount of Each Disbursement this Period

3175.50

Subtotal Of Receipts This Page (optional)..... 9526.50

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. LOCKART ATCHLEY & ASSOCIATES LLP		Date of Disbursement MM / DD / YYYY 08 / 10 / 2011
Mailing Address 6850 AUSTIN CTR BLVD STE 180		Transaction ID : SB23.1
City AUSTIN State TX Zip Code 78731	Amount of Each Disbursement this Period 436.40	
Purpose of Disbursement ACCOUNTING CONSULTING	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. LOCKART ATCHLEY & ASSOCIATES LLP		Date of Disbursement MM / DD / YYYY 09 / 09 / 2011
Mailing Address 6850 AUSTIN CTR BLVD STE 180		Transaction ID : SB23.2
City AUSTIN State TX Zip Code 78731	Amount of Each Disbursement this Period 420.00	
Purpose of Disbursement ACCOUNTING CONSULTING	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. LOCKART ATCHLEY & ASSOCIATES LLP		Date of Disbursement MM / DD / YYYY 09 / 30 / 2011
Mailing Address 6850 AUSTIN CTR BLVD STE 180		Transaction ID : SB23.3
City AUSTIN State TX Zip Code 78731	Amount of Each Disbursement this Period 165.00	
Purpose of Disbursement ACCOUNTING CONSULTING	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)..... 1021.40

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<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. SELF STORAGE PLUS		Date of Disbursement MM / DD / YYYY 07 / 20 / 2011
Mailing Address 2520 OAKVILLE ST		Transaction ID : SB23.47
City ALEXANDRIA	State VA	
Purpose of Disbursement RENT	Candidate Name	Amount of Each Disbursement this Period 175.00
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. SELF STORAGE PLUS		Date of Disbursement MM / DD / YYYY 08 / 17 / 2011
Mailing Address 2520 OAKVILLE ST		Transaction ID : SB23.48
City ALEXANDRIA	State VA	
Purpose of Disbursement RENT	Candidate Name	Amount of Each Disbursement this Period 175.00
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. SELF STORAGE PLUS		Date of Disbursement MM / DD / YYYY 09 / 19 / 2011
Mailing Address 2520 OAKVILLE ST		Transaction ID : SB23.49
City ALEXANDRIA	State VA	
Purpose of Disbursement RENT	Candidate Name	Amount of Each Disbursement this Period 175.00
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)..... 525.00

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)

<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 / 15 / 2011
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.37
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 08 / 31 / 2011
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.39
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 09 / 15 / 2011
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.41
City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period 135.58	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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 09 / 30 / 2011
Mailing Address 3600 W BROAD ST STE 160		Transaction ID : SB23.43
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. YUMA SOLUTIONS INC		Date of Disbursement MM / DD / YYYY 07 / 25 / 2011
Mailing Address PO BOX 152075		Transaction ID : SB23.9
City TAMPA State FL Zip Code 33684	Amount of Each Disbursement this Period 84440.11	
Purpose of Disbursement COMPUTER SUPPORT/EQUIPMENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Transaction ID :
City State Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement	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)..... 84575.69

Total This Period (last page this line number only)..... 274892.36

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input 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.

Full Name (Last, First, Middle Initial) A. DAVID KNOTT		Date of Disbursement MM / DD / YYYY 08 / 12 / 2011
Mailing Address 232 CLEFT RD		Transaction ID : SB28.1
City MILL NECK	State NY	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Subtotal Of Receipts This Page (optional)..... 100.00

Total This Period (last page this line number only)..... 100.00

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. JP MORGAN CHASE BANK		Date of Disbursement MM / DD / YYYY 09 / 30 / 2011
Mailing Address PO BOX 6076		Transaction ID : SB29.4
City NEWARK	State DE	
Zip Code 19714	Purpose of Disbursement REALIZED CAPITAL LOSSES	Amount of Each Disbursement this Period 75058.83
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. JP MORGAN CHASE BANK		Date of Disbursement MM / DD / YYYY 09 / 30 / 2011
Mailing Address PO BOX 6076		Transaction ID : SB29.5
City NEWARK	State DE	
Zip Code 19714	Purpose of Disbursement REALIZED CAPITAL LOSSES	Amount of Each Disbursement this Period 124450.89
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. JP MORGAN CHASE BANK		Date of Disbursement MM / DD / YYYY 07 / 31 / 2011
Mailing Address PO BOX 6076		Transaction ID : SB29.6
City NEWARK	State DE	
Zip Code 19714	Purpose of Disbursement REALIZED CAPITAL LOSSES	Amount of Each Disbursement this Period 6290.22
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)..... 205799.94

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)

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

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

Full Name (Last, First, Middle Initial) A. JP MORGAN CHASE BANK		Date of Disbursement MM / DD / YYYY 07 / 31 / 2011
Mailing Address PO BOX 6076		Transaction ID : SB29.7
City NEWARK	State DE	
Purpose of Disbursement REALIZED CAPITAL LOSSES	Candidate Name	Amount of Each Disbursement this Period 6842.92
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. JP MORGAN CHASE BANK		Date of Disbursement MM / DD / YYYY 08 / 31 / 2011
Mailing Address PO BOX 6076		Transaction ID : SB29.8
City NEWARK	State DE	
Purpose of Disbursement REALIZED CAPITAL LOSSES	Candidate Name	Amount of Each Disbursement this Period 48402.27
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. JP MORGAN CHASE BANK		Date of Disbursement MM / DD / YYYY 08 / 31 / 2011
Mailing Address PO BOX 6076		Transaction ID : SB29.9
City NEWARK	State DE	
Purpose of Disbursement REALIZED CAPITAL LOSSES	Candidate Name	Amount of Each Disbursement this Period 102287.20
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)..... 157532.39

Total This Period (last page this line number only)..... 363332.33