

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)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- 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
10 / 01 / 2012

through

MM / DD / YYYY
12 / 31 / 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
01 / 10 / 2013

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

Office Use Only

Write or Type Committee Name

MCCAIN-PALIN COMPLIANCE FUND, INC.

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 / 01 / 2012

To:

M M / D D / Y Y Y Y
12 / 31 / 2012**SUMMARY**

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1519191.29
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	17221.02
8. SUBTOTAL (Lines 6 and 7)	1536412.31
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	56315.80
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	1480096.51
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).....	6350.75
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)	365241.04
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	12260656.41

POST-ELECTION DETAILED SUMMARY PAGE Report Of Receipts And Disbursements

FEC Form 3P

* If the candidate participated in the general election, use this form for the 30-day Post-General report.
* If the candidate did NOT participate in the general election, use this form for the Year-End report covering through December 31 of the election year (due on January 31).
This form is used in lieu of filling out Line Numbers 14 and 15 on the Report of Receipts and Disbursements (Summary Page) and Page 2 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

NAME OF COMMITTEE (in Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

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

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle Total as of**

**COLUMN C
Total for**

/ /

(date after general election)

through

/ /

(last day of reporting period)

I. RECEIPTS

16. FEDERAL FUNDS (Itemize on Schedule A-P)

17. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized

(ii) Unitemized

(iii) Total Contributions

(b) Political Party Committees

(c) Other Political Committees

(d) The Candidate

(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))

18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

POST-ELECTION DETAILED SUMMARY PAGE

Report Of Receipts And Disbursements

COLUMN A Total This Period	COLUMN B Election Cycle Total as of* (date of general election)	COLUMN C Total for* (date after general election) through* (last day of reporting period)
* - See page 3 for date		
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate		
0.00	0.00	0.00
(b) Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))		
0.00	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating		
0.00	651059.87	0.00
(b) Fundraising		
0.00	0.00	0.00
(c) Legal and Accounting		
0.00	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))		
0.00	651059.87	0.00
21. OTHER RECEIPTS (Dividends, Interest, etc.)		
17221.02	1226907.62	14387.97
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)		
17221.02	7794360.95	14387.97

II. DISBURSEMENTS

23. OPERATING EXPENDITURES

56315.80	12911716.28	40378.90
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24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

0.00	8691239.44	0.00
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25. FUNDRAISING DISBURSEMENTS

0.00	0.00	0.00
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26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS

0.00	0.00	0.00
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POST-ELECTION DETAILED SUMMARY PAGE Report Of Receipts And Disbursements

COLUMN A Total This Period	COLUMN B Election Cycle Total as of* (date of general election)	COLUMN C Total for* (date after general election) through* (last day of reporting period)
27. LOAN REPAYMENTS MADE:		* - See page 3 for date
(a) Repayments of Loans Made or Guaranteed by Candidate		
0.00	0.00	0.00
(b) Other Repayments		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		
0.00	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
-809.00	303703.06	-809.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	300.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))		
-809.00	304003.06	-809.00
29 OTHER DISBURSEMENTS		
809.00	10344437.79	809.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		
56315.80	32251396.57	40378.90

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #14 on Summary Page for this report only; subtract Line 28(d) from Line 17(e))

809.00	365241.04	809.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #15 on Summary Page for this report only; subtract Line 20(a) from Line 23)

56315.80	12260656.41	40378.90
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V. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)

0.00		
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FEC FORM 3P
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

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

Office Use Only

1. NAME OF COMMITTEE (in full, type or print) 2. FEC IDENTIFICATION NUMBER **C** C00446104

MCCAIN-PALIN COMPLIANCE FUND, INC.

ADDRESS (number and street) PO BOX 16664

ARLINGTON VA 22215

CITY STATE ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

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

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

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

Mailing Address **PO BOX 6076**

City **NEWARK** State **DE** Zip Code **19714**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
973349.55

Transaction ID : SB21.1

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

INTEREST EARNINGS

Amount of Each Receipt this Period

2833.05

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. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
14387.97

Transaction ID : SB21.2

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2012			

INTEREST EARNINGS

Amount of Each Receipt this Period

4662.43

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. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
14387.97

Transaction ID : SB21.3

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2012			

INTEREST EARNINGS

Amount of Each Receipt this Period

9725.54

Subtotal Of Receipts This Page (optional).....▶ **17221.02**

Total This Period (last page this line number only).....▶ **17221.02**

**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 12 / 27 / 2012
Mailing Address 2701 N OCEAN BLVD		Transaction ID : SB23.4
City FT LAUDERDALE	State FL	
Zip Code 33308	Purpose of Disbursement TRAVEL/PERSONNEL SERVICES	Amount of Each Disbursement this Period 445.45
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. AIRNET GROUP, INC		Date of Disbursement MM / DD / YYYY 12 / 13 / 2012
Mailing Address PO BOX 11181		Transaction ID : SB23.3
City CHATTANOOGA	State TN	
Zip Code 37401	Purpose of Disbursement WEB SERVICE	Amount of Each Disbursement this Period 35.90
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. CAPLIN & DRYSDALE		Date of Disbursement MM / DD / YYYY 11 / 02 / 2012
Mailing Address ONE THOMAS CIR NW STE 1100		Transaction ID : SB23.1
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement LEGAL CONSULTING	Amount of Each Disbursement this Period 15936.90
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)..... 16418.25

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 12 / 03 / 2012
Mailing Address ONE THOMAS CIR NW STE 1100		Transaction ID : SB23.2
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 20009.30
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 12 / 29 / 2012
Mailing Address ONE THOMAS CIR NW STE 1100		Transaction ID : SB23.5
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 19888.25
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		
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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 39897.55

Total This Period (last page this line number only)..... 56315.80

**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. GORDON BEAHAM		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 1025 W 8TH ST		Transaction ID : SB28.2
City KANSAS CITY	State MO	
Zip Code 64101	Purpose of Disbursement VOID--CONTRIBUTION REFUND	Amount of Each Disbursement this Period -1.00
Candidate Name	Category/ Type	SEE SB29.1 UNCLEARED CONTRIBUTIONS DISGORGEMENT TO US TREASURY
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. MARION BLACK		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 2030 S WARSON RD		Transaction ID : SB28.5
City ST LOUIS	State MO	
Zip Code 63124	Purpose of Disbursement VOID--CONTRIBUTION REFUND	Amount of Each Disbursement this Period -1.00
Candidate Name	Category/ Type	SEE SB29.1 UNCLEARED CONTRIBUTIONS DISGORGEMENT TO US TREASURY
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. EUGENE BLATTMAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 8545 CARMEL VALLEY RD		Transaction ID : SB28.1
City CARMEL	State CA	
Zip Code 93923	Purpose of Disbursement VOID--CONTRIBUTION REFUND	Amount of Each Disbursement this Period -1.00
Candidate Name	Category/ Type	SEE SB29.1 UNCLEARED CONTRIBUTIONS DISGORGEMENT TO US TREASURY
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)..... **-3.00**

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 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. MARGARETTA CALVERT		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 41 POND LANE		Transaction ID : SB28.4
City BRYN MAWR	State PA	
Zip Code 19010	Purpose of Disbursement VOID--CONTRIBUTION REFUND	Amount of Each Disbursement this Period -1.00
Candidate Name	Category/ Type	SEE SB29.1 UNCLEARED CONTRIBUTIONS DISGORGEMENT TO US TREASURY
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. TED HARRIS		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 19 OLD KENTWOOD RD		Transaction ID : SB28.7
City EAST HADDAM	State CT	
Zip Code 06423	Purpose of Disbursement VOID--CONTRIBUTION REFUND	Amount of Each Disbursement this Period -1.00
Candidate Name	Category/ Type	SEE SB29.1 UNCLEARED CONTRIBUTIONS DISGORGEMENT TO US TREASURY
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. CHARLES LUCK		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 127 KENNONDALE LN		Transaction ID : SB28.11
City RICHMOND	State VA	
Zip Code 23226	Purpose of Disbursement VOID--CONTRIBUTION REFUND	Amount of Each Disbursement this Period -100.00
Candidate Name	Category/ Type	SEE SB29.1 UNCLEARED CONTRIBUTIONS DISGORGEMENT TO US TREASURY
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)..... -102.00

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 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. WILLIAM MCCUNE		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 3791 RAGTIME CIR		Transaction ID : SB28.9
City HUNTINGTON BEACH	State CA	
Zip Code 92649	Purpose of Disbursement VOID--CONTRIBUTION REFUND	Amount of Each Disbursement this Period -1.00
Candidate Name	Category/ Type	SEE SB29.1 UNCLEARED CONTRIBUTIONS DISGORGEMENT TO US TREASURY
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. WILLIAM MILLER		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address PO BOX 22		Transaction ID : SB28.10
City PRINCETON	State NJ	
Zip Code 08542	Purpose of Disbursement VOID--CONTRIBUTION REFUND	Amount of Each Disbursement this Period -1.00
Candidate Name	Category/ Type	SEE SB29.1 UNCLEARED CONTRIBUTIONS DISGORGEMENT TO US TREASURY
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. PETER SCHIFF		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 70 SANDY HILL RD		Transaction ID : SB28.6
City OYSTER BAY	State NY	
Zip Code 11771	Purpose of Disbursement VOID--CONTRIBUTION REFUND	Amount of Each Disbursement this Period -700.00
Candidate Name	Category/ Type	SEE SB29.1 UNCLEARED CONTRIBUTIONS DISGORGEMENT TO US TREASURY
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)..... -702.00

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 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. VALIN WOODWARD		Date of Disbursement MM / DD / YYYY 12 / 31 / 2012
Mailing Address 7939 SARTAN WAY NE		Transaction ID : SB28.8
City ALBUQUERQUE	State NM	
Zip Code 87109	Purpose of Disbursement VOID--CONTRIBUTION REFUND	Amount of Each Disbursement this Period -1.00
Candidate Name	Category/Type	SEE SB29.1 UNCLEARED CONTRIBUTIONS DISGORGEMENT TO US TREASURY
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. KATHERINE YOUELL		Date of Disbursement MM / DD / YYYY 12 / 31 / 2012
Mailing Address 3910 BALDWIN RD		Transaction ID : SB28.3
City CHESTER	State VA	
Zip Code 23831	Purpose of Disbursement VOID--CONTRIBUTION REFUND	Amount of Each Disbursement this Period -1.00
Candidate Name	Category/Type	SEE SB29.1 UNCLEARED CONTRIBUTIONS DISGORGEMENT TO US TREASURY
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		
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
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)..... **-2.00**

Total This Period (last page this line number only)..... **-809.00**

**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. US TREASURY		Date of Disbursement MM / DD / YYYY 12 / 31 / 2012
Mailing Address C/O FEC 999 E ST NW		Transaction ID : SB29.1
City WASHINGTON	State DC	
Purpose of Disbursement UNCLEARED CONTRIBUTION REFUNDS DISGORGEM		Amount of Each Disbursement this Period 809.00
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Amount of Each Disbursement this Period
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Amount of Each Disbursement this Period
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)..... 809.00

Total This Period (last page this line number only)..... 809.00

SCHEDULE D-P

DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11 12

NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

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

SALVATORE PURPURA

Nature of Debt (Purpose):
COMPLIANCE CONSULTING

Mailing Address 2701 N OCEAN BLVD

City State
FORT LAUDERDALE

Zip Code
FL 33308

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9

Amount Incurred This Period

6796.20

Payment This Period

445.45

Outstanding Balance at Close of This Period

6350.75

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	▶	6350.75
2) TOTALS This Period (last page this line number only)	▶	6350.75
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).....	▶	6350.75