

REPORT OF RECEIPTS AND DISBURSEMENTS
 BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT 1 / 117

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

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

<input type="checkbox"/> April 15 Quarterly Report <input checked="" type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report	Monthly Report Due On: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> February 20</td> <td><input type="checkbox"/> June 20</td> <td><input type="checkbox"/> October 20</td> </tr> <tr> <td><input type="checkbox"/> March 20</td> <td><input type="checkbox"/> July 20</td> <td><input type="checkbox"/> November 20</td> </tr> <tr> <td><input type="checkbox"/> April 20</td> <td><input type="checkbox"/> August 20</td> <td><input type="checkbox"/> December 20</td> </tr> <tr> <td><input type="checkbox"/> May 20</td> <td><input type="checkbox"/> September 20</td> <td><input type="checkbox"/> January 31</td> </tr> </table> <input type="checkbox"/> Twelfth day report preceding General _____ (Type of Election) election on 11/04/2008 in the State of _____ <input type="checkbox"/> Thirtieth day report following the General Election on _____ on _____	<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20	<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20	<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20	<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31
<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20											
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20											
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20											
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31											

IS THIS REPORT AN AMENDMENT YES NO

5. COVERING PERIOD	FROM 04/01/2009	THROUGH 06/30/2009
---------------------------	---------------------------	------------------------------

SUMMARY		
6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	.....	22987647.43
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	.....	100833.88
8. SUBTOTAL (Lines 6 and 7)	.....	23088481.31
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	.....	1052568.22
10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	.....	22035913.09
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)	.....	0.00
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)	.....	433819.04
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	.....	9666356.30

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

Type or Print Name of Treasurer Joseph Schmuckler	Date 07/15/2009
---	--------------------

Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

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

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

(PAGE 2, FEC FORM 3P)

Name of committee (in full) MCCAIN-PALIN COMPLIANCE FUND, INC.		Report Covering the Period From: 04/01/2009 To: 06/30/2009	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00	
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	1280.00	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), 17(d))	1280.00	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	12507.50	519203.47	
(b) Fundraising	0.00	0.00	
(c) Legal and Accounting	0.00	0.00	
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))	12507.50	519203.47	
21. OTHER RECEIPTS (Dividend, Interest, etc.)	87046.38	194467.24	
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	100833.88	6569555.68	
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	968367.40	10185559.77	
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	16100.00	19100.00	
25. FUNDRAISING DISBURSEMENTS	0.00	0.00	
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	0.00	0.00	
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	0.00	0.00	
(b) Other Repayments	0.00	0.00	
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00	
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	15770.00	235125.06	
(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), 28(c))	15770.00	235425.06	
29. OTHER DISBURSEMENTS	52330.82	56680.82	
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	1052568.22	10496765.65	
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00		

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE 3 / 117
(Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
(PAGE 3, FEC FORM 3P)

1. NAME OF COMMITTEE (in full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

ADDRESS (number and street)

PO BOX 16118

CITY, STATE, and ZIP CODE

ARLINGTON

VA

22215

2. IDENTIFICATION NUMBER

C00446104

ALLOCATION BY STATE

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

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

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

FOR LINE NUMBER: (check only one) 11 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICAN EXPRESS			Nature of Debt (Purpose): CREDIT CARD PAYABLE
Mailing Address PO BOX 1270			
City NEWARK	State NJ	ZIP Code 07101	

Outstanding Balance Beginning This Period <input type="text" value="7053.05"/>		Transaction ID: SD12.1	
Amount Incurred This Period <input type="text" value="23868.76"/>	Payment This Period <input type="text" value="30921.81"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T			Nature of Debt (Purpose): PHONE SERVICE
Mailing Address PO BOX 6463			
City CAROL STREAM	State IL	ZIP Code 60197	

Outstanding Balance Beginning This Period <input type="text" value="2272.41"/>		Transaction ID: SD12.8	
Amount Incurred This Period <input type="text" value="3528.41"/>	Payment This Period <input type="text" value="5800.82"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T			Nature of Debt (Purpose): WEB SERVICE
Mailing Address PO BOX 13148			
City NEWARK	State NJ	ZIP Code 07101	

Outstanding Balance Beginning This Period <input type="text" value="11735.69"/>		Transaction ID: SD12.10	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="11735.69"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

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

FOR LINE NUMBER: (check only one) 11 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CMDI	Nature of Debt (Purpose): LIST MANAGEMENT SERVICE
Mailing Address 7704 LEESBURG PKE	
City State ZIP Code FALLS CHURCH VA 22043	

Outstanding Balance Beginning This Period 16878.00	Transaction ID: SD12.5	
Amount Incurred This Period 76139.41	Payment This Period 93017.41	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor COMPLIANCE CONSULTING CO OF VA	Nature of Debt (Purpose): COMPLIANCE CONSULTING
Mailing Address PO BOX 365	
City State ZIP Code MCLEAN VA 22101	

Outstanding Balance Beginning This Period 2750.00	Transaction ID: SD12.6	
Amount Incurred This Period 10312.50	Payment This Period 13062.50	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LEXIS NEXIS	Nature of Debt (Purpose): SUBSCRIPTIONS
Mailing Address PO BOX 7247	
City State ZIP Code PHILADELPHIA PA 19170	

Outstanding Balance Beginning This Period 1200.00	Transaction ID: SD12.9	
Amount Incurred This Period 3600.00	Payment This Period 4800.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

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

FOR LINE NUMBER: (check only one) 11 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MICHAEL DUHAIME	Nature of Debt (Purpose): COMPLIANCE CONSULTING
Mailing Address PO BOX 16118	
City State ZIP Code ARLINGTON VA 22215	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="25000.00"/>	Transaction ID: SD12.4
Amount Incurred This Period <input style="width:100%;" type="text" value="12500.00"/>	Payment This Period <input style="width:100%;" type="text" value="37500.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PRIMUS	Nature of Debt (Purpose): PHONE SERVICE
Mailing Address 2094 185TH ST	
City State ZIP Code FAIRFIELD IA 52556	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2179.27"/>	Transaction ID: SD12.7
Amount Incurred This Period <input style="width:100%;" type="text" value="1060.40"/>	Payment This Period <input style="width:100%;" type="text" value="3239.67"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RST MARKETING	Nature of Debt (Purpose): PRINTING
Mailing Address 1272 CORPORATE PARK RD	
City State ZIP Code FOREST VA 24551	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="13603.54"/>	Transaction ID: SD12.3
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="13603.54"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input style="width:100%;" type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 7 / 117	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SANDRA PACK CPA LLC			Nature of Debt (Purpose): COMPLIANCE CONSULTING
Mailing Address 538 MOORINGS CIR			
City ARNOLD	State MD	ZIP Code 21012	

Outstanding Balance Beginning This Period		Transaction ID: SD12.2	
9200.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
10110.00	19310.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	0.00
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)	▶	0.00

**Schedule A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 117
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
		<input type="checkbox"/> 17c
		<input type="checkbox"/> 17d
		<input type="checkbox"/> 18
		<input type="checkbox"/> 20b
		<input type="checkbox"/> 20c
		<input type="checkbox"/> 21

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

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

A.	Full Name (Last, First, Middle Initial) TOBENNA ONWUNYI		Date of Receipt
	Mailing Address 2670 HILLSIDE DRIVE		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	TORRANCE	CA	90505-7058
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
			500.00
Name of Employer TOBENNA ONWUNYI RENTALS		Occupation SELF-EMPLOYED	CONTRIBUTION
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			Transaction ID: SA17.2957288

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="500.00"/>

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 117
	(check only one)
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 17b <input type="checkbox"/> 20a	<input type="checkbox"/> 17c <input type="checkbox"/> 20b
<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN	Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address PO BOX 16664	Amount of Each Receipt this Period 687.50
	City State Zip Code ARLINGTON VA 22215	REFUND- ASSET PURCHASE
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.2
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1859.16	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address PO BOX 16664	Amount of Each Receipt this Period 1075.00
	City State Zip Code ARLINGTON VA 22215	REFUND- ASSET PURCHASE
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.3
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1859.16	

C.	Full Name (Last, First, Middle Initial) PHIL ADAMS	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address PO BOX 16118	Amount of Each Receipt this Period 550.00
	City State Zip Code ARLINGTON VA 22215	REFUND- ASSET PURCHASE
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.10
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	2312.50
TOTAL This Period (last page this line number only)	

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 117
	(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 checked="" type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

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

A.	Full Name (Last, First, Middle Initial) JUSTIN BRASELL	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address PO BOX 16118	Amount of Each Receipt this Period 2575.00
	City State Zip Code ARLINGTON VA 22215	
	FEC ID number of contributing federal political committee.	REFUND- ASSET PURCHASE
	Name of Employer Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2575.00	
		Transaction ID: SA20A.6

B.	Full Name (Last, First, Middle Initial) TERESA BRASELL	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address PO BOX 16118	Amount of Each Receipt this Period 1000.00
	City State Zip Code ARLINGTON VA 22215	
	FEC ID number of contributing federal political committee.	REFUND- ASSET PURCHASE
	Name of Employer Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
		Transaction ID: SA20A.8

C.	Full Name (Last, First, Middle Initial) KEVIN BROGHAMER	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address PO BOX 16118	Amount of Each Receipt this Period 550.00
	City State Zip Code ARLINGTON VA 22215	
	FEC ID number of contributing federal political committee.	REFUND- ASSET PURCHASE
	Name of Employer Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	
		Transaction ID: SA20A.7

SUBTOTAL of Receipts This Page (optional)	▶	4125.00
TOTAL This Period (last page this line number only)	▶	

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 117
	(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 checked="" type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

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

A.	Full Name (Last, First, Middle Initial) BENJAMIN BURGESS	Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address PO BOX 16118	Amount of Each Receipt this Period 2000.00
	City State Zip Code ARLINGTON VA 22215	REFUND- ASSET PURCHASE
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.12
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) CHRISTIAN FERRY	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address PO BOX 16118	Amount of Each Receipt this Period 2575.00
	City State Zip Code ARLINGTON VA 22215	REFUND- ASSET PURCHASE
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.9
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2575.00	

C.	Full Name (Last, First, Middle Initial) ROBERT GREEN	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address PO BOX 16118	Amount of Each Receipt this Period 1000.00
	City State Zip Code ARLINGTON VA 22215	REFUND- ASSET PURCHASE
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.4
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	5575.00
TOTAL This Period (last page this line number only)	

**Schedule A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 117
	(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 checked="" type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

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

A.	Full Name (Last, First, Middle Initial) JOHN MANNION	Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address PO BOX 16118	Amount of Each Receipt this Period 275.00
	City State Zip Code ARLINGTON VA 22215	
	FEC ID number of contributing federal political committee.	REFUND- ASSET PURCHASE
	Name of Employer Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 495.00	
		Transaction ID: SA20A.11

B.	Full Name (Last, First, Middle Initial) JOHN MANNION	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address PO BOX 16118	Amount of Each Receipt this Period 220.00
	City State Zip Code ARLINGTON VA 22215	
	FEC ID number of contributing federal political committee.	REFUND- ASSET PURCHASE
	Name of Employer Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 495.00	
		Transaction ID: SA20A.5

SUBTOTAL of Receipts This Page (optional)	495.00
TOTAL This Period (last page this line number only)	12507.50

**Schedule A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 117
	<input type="checkbox"/> 16 19a <input type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input checked="" type="checkbox"/> 18 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) EAGLE BANK	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 4831 CORDELL AVE	Amount of Each Receipt this Period 42.74
	City State Zip Code BETHESDA MD 20814	INTEREST EARNING
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 11362.69	Transaction ID: SA21.2

B.	Full Name (Last, First, Middle Initial) EAGLE BANK	Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address 4831 CORDELL AVE	Amount of Each Receipt this Period 37.21
	City State Zip Code BETHESDA MD 20814	INTEREST EARNING
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 11362.69	Transaction ID: SA21.4

C.	Full Name (Last, First, Middle Initial) EAGLE BANK	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4831 CORDELL AVE	Amount of Each Receipt this Period 70.67
	City State Zip Code BETHESDA MD 20814	INTEREST EARNING
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 11362.69	Transaction ID: SA21.5

SUBTOTAL of Receipts This Page (optional)	150.62
TOTAL This Period (last page this line number only)	

**Schedule A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 117
	(check only one)
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b
<input type="checkbox"/> 17b <input type="checkbox"/> 20a	<input type="checkbox"/> 17c <input type="checkbox"/> 20b
<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 18 <input type="checkbox"/> 21

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

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

A. Full Name (Last, First, Middle Initial) JP MORGAN CHASE BANK		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 9	
Mailing Address PO BOX 6076		Amount of Each Receipt this Period 14119.01	
City NEWARK	State DE	Zip Code 19714	INTEREST EARNING Transaction ID: SA21.1
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 18314.55	
Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼		

B. Full Name (Last, First, Middle Initial) JP MORGAN CHASE BANK		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 9	
Mailing Address PO BOX 6076		Amount of Each Receipt this Period 12309.20	
City NEWARK	State DE	Zip Code 19714	INTEREST EARNING Transaction ID: SA21.3
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 18314.55	
Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼		

C. Full Name (Last, First, Middle Initial) JP MORGAN CHASE BANK		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 9	
Mailing Address PO BOX 6076		Amount of Each Receipt this Period 60467.55	
City NEWARK	State DE	Zip Code 19714	INTEREST EARNING Transaction ID: SA21.6
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 18314.55	
Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼		

SUBTOTAL of Receipts This Page (optional) ▶	86895.76
TOTAL This Period (last page this line number only) ▶	87046.38

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 117

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

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

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

A.	Full Name (Last, First, Middle Initial) PHIL ADAMS <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.100 Date of Disbursement 05 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 2659.53
B.	Full Name (Last, First, Middle Initial) PHIL ADAMS <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.113 Date of Disbursement 05 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 2659.53
C.	Full Name (Last, First, Middle Initial) PHIL ADAMS <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.126 Date of Disbursement 06 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 2659.53

SUBTOTAL of Disbursements This Page (optional) ▶

7978.59

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

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) PHIL ADAMS	Transaction ID: SB23.139 Date of Disbursement 06 / 30 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	2713.90
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) PHIL ADAMS	Transaction ID: SB23.58 Date of Disbursement 04 / 15 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	2659.53
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) PHIL ADAMS	Transaction ID: SB23.83 Date of Disbursement 04 / 30 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	2659.53
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8032.96
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

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) TOM ADAMS	Transaction ID: SB23.106 Date of Disbursement 05 / 15 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1314.06
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) TOM ADAMS	Transaction ID: SB23.118 Date of Disbursement 05 / 26 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1314.06
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) TOM ADAMS	Transaction ID: SB23.131 Date of Disbursement 06 / 15 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1314.06
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3942.18
TOTAL This Period (last page this line number only) ▶	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) TOM ADAMS	Transaction ID: SB23.144 Date of Disbursement 06 / 30 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 1314.06
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TOM ADAMS	Transaction ID: SB23.65 Date of Disbursement 04 / 15 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 1314.06
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TOM ADAMS	Transaction ID: SB23.90 Date of Disbursement 04 / 30 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 1314.06
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	3942.18
TOTAL This Period (last page this line number only)	▶	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 117

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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SOFIA AMAYA</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.105</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1237.14</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SOFIA AMAYA</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.117</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1237.14</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SOFIA AMAYA</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.130</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1237.14</p>

SUBTOTAL of Disbursements This Page (optional)	3711.42
TOTAL This Period (last page this line number only)	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SOFIA AMAYA</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.143</p> <p>Date of Disbursement 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1237.14</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SOFIA AMAYA</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.64</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1237.14</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SOFIA AMAYA</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.89</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1237.14</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3711.42

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 117

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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) LAUREN BOOZMAN</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.53</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1115.88</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) LAUREN BOOZMAN</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.78</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1115.88</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ELLEN BRADLEY</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.109</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1928.91</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4160.67

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ELLEN BRADLEY</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.122</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1928.91</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ELLEN BRADLEY</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.135</p> <p>Date of Disbursement 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1928.91</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ELLEN BRADLEY</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.48</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1928.91</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5786.73

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

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.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ELLEN BRADLEY</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.74</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1928.91</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ELLEN BRADLEY</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.96</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1928.91</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BENJAMIN BURGESS</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.108</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1306.36</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5164.18

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BENJAMIN BURGESS</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.121</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1306.36</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BENJAMIN BURGESS</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.134</p> <p>Date of Disbursement 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1306.36</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BENJAMIN BURGESS</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.45</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1306.36</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3919.08

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) BENJAMIN BURGESS	Transaction ID: SB23.71 Date of Disbursement
	Mailing Address PO BOX 16118	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="1306.36"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BENJAMIN BURGESS	Transaction ID: SB23.95 Date of Disbursement
	Mailing Address PO BOX 16118	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="1306.36"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ANTHONY CASALE, JR	Transaction ID: SB23.44 Date of Disbursement
	Mailing Address PO BOX 16118	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="1211.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3824.22"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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.

<p>A. Full Name (Last, First, Middle Initial) ANTHONY CASALE, JR</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.70</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1125.58</p>
<p>B. Full Name (Last, First, Middle Initial) AMELIA CHASSE</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.40</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1231.35</p>
<p>C. Full Name (Last, First, Middle Initial) AMELIA CHASSE</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.66</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1231.35</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3588.28

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 27 / 117

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

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

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

<p>A. Full Name (Last, First, Middle Initial) AMELIA CHASSE</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.92</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 939.97</p>
<p>B. Full Name (Last, First, Middle Initial) LEEANDRA BIELER CHEN</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.54</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1400.57</p>
<p>C. Full Name (Last, First, Middle Initial) LEEANDRA BIELER CHEN</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.79</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2883.31</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5223.85

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

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.

<p>A. Full Name (Last, First, Middle Initial) WHITNEY CLARK</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.183</p> <p>Date of Disbursement 04 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 106.96</p>
<p>B. Full Name (Last, First, Middle Initial) WHITNEY CLARK</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement VOID CHECK</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.205</p> <p>Date of Disbursement 04 / 13 / 2009</p> <p>Amount of Each Disbursement this Period -106.96</p>
<p>C. Full Name (Last, First, Middle Initial) ANDREA CROSBY</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.41</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 750.05</p>

SUBTOTAL of Disbursements This Page (optional) ▶

750.05

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) ANDREA CROSBY</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.67</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 737.10</p>
<p>B. Full Name (Last, First, Middle Initial) ANDREA CROSBY</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.93</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 696.77</p>
<p>C. Full Name (Last, First, Middle Initial) MICHAEL DUHAIME</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement COMPLIANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10</p> <p>Date of Disbursement 05 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 12500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

13933.87

TOTAL This Period (last page this line number only) ▶

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) MICHAEL DUHAIME</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement COMPLIANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 25000.00</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) ANDREW FREEMAN</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.132</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 943.54</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) ROBERT GREEN</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.102</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 597.05</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

26540.59

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

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) ROBERT GREEN	Transaction ID: SB23.114 Date of Disbursement 05 / 26 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 698.72
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROBERT GREEN	Transaction ID: SB23.127 Date of Disbursement 06 / 15 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 527.59
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROBERT GREEN	Transaction ID: SB23.140 Date of Disbursement 06 / 30 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 1053.13
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2279.44
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

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.

<p>A. Full Name (Last, First, Middle Initial) ROBERT GREEN</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.61</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 638.29</p>
<p>B. Full Name (Last, First, Middle Initial) ROBERT GREEN</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.86</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 647.67</p>
<p>C. Full Name (Last, First, Middle Initial) ANDREW LAMMERS</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.107</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1336.35</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2622.31

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ANDREW LAMMERS</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.120</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1336.35</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ANDREW LAMMERS</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.133</p> <p>Date of Disbursement 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1336.35</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ANDREW LAMMERS</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.42</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1336.35</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4009.05</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ANDREW LAMMERS</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.68</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1336.35</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ANDREW LAMMERS</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.94</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1336.35</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CHARLES LIEBSCHUTZ</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.47</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2113.36</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4786.06</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CHARLES LIEBSCHUTZ</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.73</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2811.51</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MATTHEW LOCKWOOD</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.56</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1007.17</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MATTHEW LOCKWOOD</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.81</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1090.20</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4908.88

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BRADLEY LONCAR</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.46</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 3965.99</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BRADLEY LONCAR</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.72</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 4551.16</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) JOHN MANNION</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.110</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1672.25</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10189.40

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

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) JOHN MANNION	Transaction ID: SB23.123 Date of Disbursement 06 / 15 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 1672.25
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN MANNION	Transaction ID: SB23.136 Date of Disbursement 06 / 30 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 1928.91
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN MANNION	Transaction ID: SB23.51 Date of Disbursement 04 / 15 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 1672.25
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5273.41

TOTAL This Period (last page this line number only)

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) JOHN MANNION	Transaction ID: SB23.76 Date of Disbursement 04 / 30 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 1672.25
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN MANNION	Transaction ID: SB23.97 Date of Disbursement 05 / 15 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 1672.25
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LOUIS MATTHEWS	Transaction ID: SB23.55 Date of Disbursement 04 / 15 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 1202.01
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4546.51
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

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.

<p>A. Full Name (Last, First, Middle Initial) LOUIS MATTHEWS</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.80</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2000.01</p>
<p>B. Full Name (Last, First, Middle Initial) ANSLEY NEWTON</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.43</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1298.33</p>
<p>C. Full Name (Last, First, Middle Initial) ANSLEY NEWTON</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.69</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2346.49</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5644.83

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) RICHARD OETTINGER	Transaction ID: SB23.60 Date of Disbursement
	Mailing Address PO BOX 16118	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="1514.79"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) RICHARD OETTINGER	Transaction ID: SB23.85 Date of Disbursement
	Mailing Address PO BOX 16118	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="1514.79"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) SANDRA PACK	Transaction ID: SB23.104 Date of Disbursement
	Mailing Address PO BOX 16118	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="925.56"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3955.14"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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) SANDRA PACK	Transaction ID: SB23.116 Date of Disbursement 05 / 26 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period 925.56	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B.	Full Name (Last, First, Middle Initial) SANDRA PACK	Transaction ID: SB23.129 Date of Disbursement 06 / 15 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period 925.56	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
C.	Full Name (Last, First, Middle Initial) SANDRA PACK	Transaction ID: SB23.142 Date of Disbursement 06 / 30 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period 925.56	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2776.68

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

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.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SANDRA PACK</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 357.88</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SANDRA PACK</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.88</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 925.56</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) KRISTI PULSFORT</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.111</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1647.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2930.44

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

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)
KRISTI PULSFORT

Transaction ID: SB23.124
Date of Disbursement

Mailing Address PO BOX 16118

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	9

City ARLINGTON State VA Zip Code 22215

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

241.37

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
KRISTI PULSFORT

Transaction ID: SB23.137
Date of Disbursement

Mailing Address PO BOX 16118

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

City ARLINGTON State VA Zip Code 22215

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

346.01

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
KRISTI PULSFORT

Transaction ID: SB23.52
Date of Disbursement

Mailing Address PO BOX 16118

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

City ARLINGTON State VA Zip Code 22215

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

2216.08

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2803.46

TOTAL This Period (last page this line number only) ►

--

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) KRISTI PULSFORT <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.77 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1698.74
B.	Full Name (Last, First, Middle Initial) KRISTI PULSFORT <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.98 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1698.66
C.	Full Name (Last, First, Middle Initial) SALVATORE PURPURA <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.103 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 4195.40

SUBTOTAL of Disbursements This Page (optional)	7592.80
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

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.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SALVATORE PURPURA</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.115</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 4195.40</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SALVATORE PURPURA</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.128</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 4195.40</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SALVATORE PURPURA</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.141</p> <p>Date of Disbursement 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 4665.57</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>13056.37</p>
<p>TOTAL This Period (last page this line number only)</p>	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 117

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

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

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

<p>A. Full Name (Last, First, Middle Initial) SALVATORE PURPURA</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.62</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 4195.40</p>
<p>B. Full Name (Last, First, Middle Initial) SALVATORE PURPURA</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.87</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 4195.40</p>
<p>C. Full Name (Last, First, Middle Initial) RAYMOND RILEY</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.101</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1262.03</p>

SUBTOTAL of Disbursements This Page (optional)	9652.83
TOTAL This Period (last page this line number only)	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) RAYMOND RILEY</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.59</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1357.86</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) RAYMOND RILEY</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.84</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1357.86</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MIGUEL ROMANO</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.112</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2968.76</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5684.48

TOTAL This Period (last page this line number only) ▶

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) MIGUEL ROMANO</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.119</p> <p>Date of Disbursement 05 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 3168.70</p>
<p>B. Full Name (Last, First, Middle Initial) MIGUEL ROMANO</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.57</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2968.76</p>
<p>C. Full Name (Last, First, Middle Initial) MIGUEL ROMANO</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.82</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2968.76</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9106.22

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 49 / 117

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

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

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

A.	Full Name (Last, First, Middle Initial) MIGUEL ROMANO	Transaction ID: SB23.99 Date of Disbursement 05 / 15 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 2968.76
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) EMILY TADLOCK	Transaction ID: SB23.28 Date of Disbursement 05 / 20 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 495.25
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement INSURANCE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) EMILY TADLOCK	Transaction ID: SB23.29 Date of Disbursement 06 / 16 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 495.25
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement INSURANCE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	3959.26
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

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.

<p>A. Full Name (Last, First, Middle Initial) EMILY TADLOCK</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.49</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2404.19</p>
<p>B. Full Name (Last, First, Middle Initial) EMILY TADLOCK</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.75</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2505.61</p>
<p>C. Full Name (Last, First, Middle Initial) JASON THOMPSON</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 985.98</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5895.78

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

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) PATRICIA ZONE <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1874.08
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PATRICIA ZONE <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.138 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1267.65
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ADMINISTAFF <hr/> Mailing Address 19001 CRESCENT SPRINGS DR <hr/> City KINGWOOD State TX Zip Code 77339 <hr/> Purpose of Disbursement PAYROLL SVC-INSUR Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.145 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 10958.21
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

14099.94

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

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

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

A.	Full Name (Last, First, Middle Initial) ADMINISTAFF	Transaction ID: SB23.146 Date of Disbursement
	Mailing Address 19001 CRESCENT SPRINGS DR	<input type="text" value="04"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVC-INSUR	<input type="text" value="11755.42"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ADMINISTAFF	Transaction ID: SB23.147 Date of Disbursement
	Mailing Address 19001 CRESCENT SPRINGS DR	<input type="text" value="05"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVC-INSUR	<input type="text" value="6260.72"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) ADMINISTAFF	Transaction ID: SB23.148 Date of Disbursement
	Mailing Address 19001 CRESCENT SPRINGS DR	<input type="text" value="05"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVC-INSUR	<input type="text" value="25.65"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="18041.79"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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) ADMINISTAFF <hr/> Mailing Address 19001 CRESCENT SPRINGS DR <hr/> City KINGWOOD State TX Zip Code 77339 <hr/> Purpose of Disbursement PAYROLL SVC-INSUR Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.149 Date of Disbursement 06 / 15 / 2009
	Amount of Each Disbursement this Period 5466.72
	Category/ Type
	[Empty Box]

B. Full Name (Last, First, Middle Initial) ADMINISTAFF <hr/> Mailing Address 19001 CRESCENT SPRINGS DR <hr/> City KINGWOOD State TX Zip Code 77339 <hr/> Purpose of Disbursement PAYROLL SVC-INSUR Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.150 Date of Disbursement 06 / 30 / 2009
	Amount of Each Disbursement this Period 5699.26
	Category/ Type
	[Empty Box]

C. Full Name (Last, First, Middle Initial) ADMINISTAFF <hr/> Mailing Address 19001 CRESCENT SPRINGS DR <hr/> City KINGWOOD State TX Zip Code 77339 <hr/> Purpose of Disbursement PAYROLL SVC-INSUR Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.91 Date of Disbursement 05 / 15 / 2009
	Amount of Each Disbursement this Period 7049.17
	Category/ Type
	[Empty Box]

SUBTOTAL of Disbursements This Page (optional) ▶	18215.15
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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) AMERICAN EXPRESS	Transaction ID: SBCCP.1 Date of Disbursement
	Mailing Address PO BOX 1270	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD PAYMENT	<input type="text" value="7053.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) COMCAST	Transaction ID: SBCCD.11 Date of Disbursement
	Mailing Address 1701 JOHN KENNEDY BLVD	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City PHILADELPHIA State PA Zip Code 19103	Amount of Each Disbursement this Period
	Purpose of Disbursement UTILITIES	<input type="text" value="125.69"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) DIGITAL DOLPHIN SUPPLIES	Transaction ID: SBCCD.20 Date of Disbursement
	Mailing Address 811 N CATALINA AVE STE 1104	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City REDONDO BEACH State CA Zip Code 90277	Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE SUPPLIES	<input type="text" value="598.76"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7053.05"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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)
DVD TO MPEG

Mailing Address 9625 W 76TH ST

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement
COMPUTER SUPPORT/EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SBCCD.7
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

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

Mailing Address PO BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SBCCD.12
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

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

Mailing Address PO BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SBCCD.13
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements 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

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) FEDEX Mailing Address PO BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.14 Date of Disbursement 04 / 27 / 2009 Amount of Each Disbursement this Period 176.75 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.15 Date of Disbursement 04 / 27 / 2009 Amount of Each Disbursement this Period 398.22 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.16 Date of Disbursement 04 / 27 / 2009 Amount of Each Disbursement this Period 9.52 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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) FEDEX	Transaction ID: SBCCD.17 Date of Disbursement 04 / 27 / 2009	
	Mailing Address PO BOX 371461		
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period	46.36
	Purpose of Disbursement DELIVERY	<input type="text"/>	[MEMO ITEM]
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.18 Date of Disbursement 04 / 27 / 2009	
	Mailing Address PO BOX 371461		
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period	10.79
	Purpose of Disbursement DELIVERY	<input type="text"/>	[MEMO ITEM]
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.19 Date of Disbursement 04 / 27 / 2009	
	Mailing Address PO BOX 371461		
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period	45.53
	Purpose of Disbursement DELIVERY	<input type="text"/>	[MEMO ITEM]
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	<input style="width: 90%;" type="text" value="0.00"/>
TOTAL This Period (last page this line number only) ▶	<input style="width: 90%;" type="text"/>

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

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) HERMAN STREET	Transaction ID: SBCCD.6 Date of Disbursement 04 / 27 / 2009
	Mailing Address 2425 LINCOLN AVE	Amount of Each Disbursement this Period 35.99
	City OGDEN State UT Zip Code 84401	
	Purpose of Disbursement COMPUTER SUPPORT	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) LASERSHIP INC	Transaction ID: SBCCD.10 Date of Disbursement 04 / 27 / 2009
	Mailing Address PO BOX 406420	Amount of Each Disbursement this Period 205.61
	City ATLANTA State GA Zip Code 30384	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) LASERSHIP INC	Transaction ID: SBCCD.9 Date of Disbursement 04 / 27 / 2009
	Mailing Address PO BOX 406420	Amount of Each Disbursement this Period 86.06
	City ATLANTA State GA Zip Code 30384	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) LEXIS NEXIS Mailing Address PO BOX 7247 City PHILADELPHIA State PA Zip Code 19170 Purpose of Disbursement SUBSCRIPTIONS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.8 Date of Disbursement 04 / 27 / 2009	Amount of Each Disbursement this Period 1200.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) PARKING MANAGEMENT INC Mailing Address 1725 DESALES ST NW STE 202 City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement PARKING SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.2 Date of Disbursement 04 / 27 / 2009	Amount of Each Disbursement this Period 2100.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) PARKING MANAGEMENT INC Mailing Address 1725 DESALES ST NW STE 202 City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement PARKING SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.3 Date of Disbursement 04 / 27 / 2009	Amount of Each Disbursement this Period 150.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) PARKING MANAGEMENT INC	Transaction ID: SBCCD.4 Date of Disbursement
	Mailing Address 1725 DESALES ST NW STE 202	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement PARKING SERVICE	<input type="text" value="150.00"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) PARKING MANAGEMENT INC	Transaction ID: SBCCD.5 Date of Disbursement
	Mailing Address 1725 DESALES ST NW STE 202	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement PARKING SERVICE	<input type="text" value="150.00"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) SELF STORAGE PLUS	Transaction ID: SBCCD.1 Date of Disbursement
	Mailing Address 605 S BALL ST	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period
	Purpose of Disbursement FACILITY RENTAL	<input type="text" value="189.24"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

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

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.

<p>A. Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address PO BOX 660720</p> <p>City DALLS State TX Zip Code 75266</p> <p>Purpose of Disbursement PHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SBCCD.21</p> <p>Date of Disbursement 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1265.75</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement CREDIT CARD PAYMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SBCCP.2</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 20307.78</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address PO BOX 6463</p> <p>City CAROL STREAM State IL Zip Code 60197</p> <p>Purpose of Disbursement PHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SBCCD.31</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2272.41</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

20307.78

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

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) AT&T	Transaction ID: SBCCD.32
	Mailing Address PO BOX 536216	Date of Disbursement 05 / 26 / 2009
	City ATLANTA State GA Zip Code 30353	Amount of Each Disbursement this Period 179.52
	Purpose of Disbursement PHONE SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SBCCD.34
	Mailing Address PO BOX 13148	Date of Disbursement 05 / 26 / 2009
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period 11735.69
	Purpose of Disbursement WEB SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.24
	Mailing Address PO BOX 371461	Date of Disbursement 05 / 26 / 2009
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period 29.76
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) FEDEX <hr/> Mailing Address PO BOX 371461 <hr/> City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.25 Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2009	Amount of Each Disbursement this Period _____ 73.48
			[MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) FEDEX <hr/> Mailing Address PO BOX 371461 <hr/> City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.26 Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2009	Amount of Each Disbursement this Period _____ 16.99
			[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) FEDEX <hr/> Mailing Address PO BOX 371461 <hr/> City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.27 Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2009	Amount of Each Disbursement this Period _____ 23.60
			[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.28 Date of Disbursement 05 / 26 / 2009
	Mailing Address PO BOX 371461	Amount of Each Disbursement this Period 23.47
	City PITTSBURGH State PA Zip Code 15250	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.36 Date of Disbursement 05 / 26 / 2009
	Mailing Address PO BOX 371461	Amount of Each Disbursement this Period 50.99
	City PITTSBURGH State PA Zip Code 15250	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.37 Date of Disbursement 05 / 26 / 2009
	Mailing Address PO BOX 371461	Amount of Each Disbursement this Period 35.84
	City PITTSBURGH State PA Zip Code 15250	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) LEXIS NEXIS	Transaction ID: SBCCD.38 Date of Disbursement 05 / 26 / 2009
	Mailing Address PO BOX 7247	Amount of Each Disbursement this Period 1200.00
	City PHILADELPHIA State PA Zip Code 19170	
	Purpose of Disbursement SUBSCRIPTIONS Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) PARKING MANAGEMENT INC	Transaction ID: SBCCD.30 Date of Disbursement 05 / 26 / 2009
	Mailing Address 1725 DESALES ST NW STE 202	Amount of Each Disbursement this Period 2550.00
	City WASHINGTON State DC Zip Code 20036	
	Purpose of Disbursement PARKING SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) PREMIERE GLOBAL SERVICES	Transaction ID: SBCCD.35 Date of Disbursement 05 / 26 / 2009
	Mailing Address 1268 PAYSHERE CIR	Amount of Each Disbursement this Period 253.30
	City CHICAGO State IL Zip Code 60674	
	Purpose of Disbursement FAX SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
PRIMUS

Mailing Address 2094 185TH ST

City FAIRFIELD State IA Zip Code 52556

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.33

Date of Disbursement

05 / 26 / 2009

Amount of Each Disbursement this Period

1199.43

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
SELF STORAGE PLUS

Mailing Address 605 S BALL ST

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.29

Date of Disbursement

05 / 26 / 2009

Amount of Each Disbursement this Period

197.05

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
USPS CRYSTAL CITY

Mailing Address 1632 CRYSTAL SQ ARC

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.39

Date of Disbursement

05 / 26 / 2009

Amount of Each Disbursement this Period

84.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SBCCD.22
	Mailing Address PO BOX 660720	Date of Disbursement 05 / 26 / 2009
	City DALLAS State TX Zip Code 75266	Amount of Each Disbursement this Period 85.59
	Purpose of Disbursement PHONE SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SBCCD.23
	Mailing Address PO BOX 15062	Date of Disbursement 05 / 26 / 2009
	City ALBANY State NY Zip Code 12212	Amount of Each Disbursement this Period 296.66
	Purpose of Disbursement PHONE SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SBCCP.3
	Mailing Address PO BOX 1270	Date of Disbursement 06 / 26 / 2009
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period 3560.98
	Purpose of Disbursement CREDIT CARD PAYMENT	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	3560.98
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

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) AMERICAN EXPRESS	Transaction ID: SBCCD.40 Date of Disbursement 06 / 26 / 2009
	Mailing Address PO BOX 1270	Amount of Each Disbursement this Period 35.00
	City NEWARK State NJ Zip Code 07101	
	Purpose of Disbursement CREDIT CARD FEE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.41 Date of Disbursement 06 / 26 / 2009
	Mailing Address PO BOX 371461	Amount of Each Disbursement this Period 30.47
	City PITTSBURGH State PA Zip Code 15250	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.42 Date of Disbursement 06 / 26 / 2009
	Mailing Address PO BOX 371461	Amount of Each Disbursement this Period 48.09
	City PITTSBURGH State PA Zip Code 15250	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.43 Date of Disbursement 06 / 26 / 2009 Amount of Each Disbursement this Period 94.52 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.44 Date of Disbursement 06 / 26 / 2009 Amount of Each Disbursement this Period 13.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.45 Date of Disbursement 06 / 26 / 2009 Amount of Each Disbursement this Period 43.20 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) FEDEX <hr/> Mailing Address PO BOX 371461 <hr/> City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.46 Date of Disbursement 06 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 29.44 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) FEDEX <hr/> Mailing Address PO BOX 371461 <hr/> City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.47 Date of Disbursement 06 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 93.71 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) PARKING MANAGEMENT INC <hr/> Mailing Address 1725 DESALES ST NW STE 202 <hr/> City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement PARKING SERVICE Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.48 Date of Disbursement 06 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 1267.74 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) SELF STORAGE PLUS Mailing Address 605 S BALL ST City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement FACILITY RENTAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.49 Date of Disbursement 06 / 26 / 2009 Amount of Each Disbursement this Period 197.05 [MEMO ITEM]
	B. Full Name (Last, First, Middle Initial) USPS Mailing Address 1632 CRYSTAL SQ ARC City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.50 Date of Disbursement 06 / 26 / 2009 Amount of Each Disbursement this Period 42.00 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) USPS Mailing Address 1632 CRYSTAL SQ ARC City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.51 Date of Disbursement 06 / 26 / 2009 Amount of Each Disbursement this Period 44.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SBCCD.52 Date of Disbursement 06 / 26 / 2009
	Mailing Address PO BOX 15062	Amount of Each Disbursement this Period 1622.76
	City ALBANY State NY Zip Code 12212	
	Purpose of Disbursement PHONE SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) AMERICAN TELESIS	Transaction ID: SB23.197 Date of Disbursement 04 / 14 / 2009
	Mailing Address PO BOX 6659	Amount of Each Disbursement this Period 494.66
	City HILTON HEAD ISLAND State SC Zip Code 29938	
	Purpose of Disbursement UTILITIES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) AMERICAN TELESIS	Transaction ID: SB23.200 Date of Disbursement 05 / 07 / 2009
	Mailing Address PO BOX 6659	Amount of Each Disbursement this Period 494.66
	City HILTON HEAD ISLAND State SC Zip Code 29938	
	Purpose of Disbursement UTILITIES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

989.32

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) AMERICAN TELESIS <hr/> Mailing Address PO BOX 6659 <hr/> City HILTON HEAD ISLAND State SC Zip Code 29938 Purpose of Disbursement UTILITIES Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.202 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1184.47</div>
B.	Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO BOX 6463 <hr/> City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement PHONE SERVICE Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.180 Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2121.97</div>
C.	Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO BOX 6463 <hr/> City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement PHONE SERVICE Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.182 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1406.44</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">4712.88</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

**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

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) CAMPAIGN SOLUTIONS	Transaction ID: SB23.204
	Mailing Address 118 N ST ASAPH ST	Date of Disbursement MM / DD / YYYY 04 / 14 / 2009
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 611.72
	Purpose of Disbursement WEB SERVICE Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CAPITOL FLOURISH	Transaction ID: SB23.186
	Mailing Address 12186 HICKORY KNOLL PL	Date of Disbursement MM / DD / YYYY 04 / 22 / 2009
	City FAIRFAX State VA Zip Code 22033	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement PRINTING Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CAPLIN & DRYSDALE	Transaction ID: SB23.30
	Mailing Address ONE THOMAS CIR NW STE 1100	Date of Disbursement MM / DD / YYYY 04 / 14 / 2009
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 70332.81
	Purpose of Disbursement LEGAL CONSULTING Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	72944.53
TOTAL This Period (last page this line number only)	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) CAPLIN & DRYSDALE	Transaction ID: SB23.32 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9	
	Mailing Address ONE THOMAS CIR NW STE 1100		
	City WASHINGTON	State DC	Zip Code 20005
	Purpose of Disbursement LEGAL CONSULTING	Amount of Each Disbursement this Period 34107.00	
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) CAPLIN & DRYSDALE	Transaction ID: SB23.33 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9	
	Mailing Address ONE THOMAS CIR NW STE 1100		
	City WASHINGTON	State DC	Zip Code 20005
	Purpose of Disbursement LEGAL CONSULTING	Amount of Each Disbursement this Period 31285.78	
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) CD INC	Transaction ID: SB23.34 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 9	
	Mailing Address PO BOX 1877		
	City ALEXANDRIA	State VA	Zip Code 22313
	Purpose of Disbursement LIST MANAGEMENT SERVICE	Amount of Each Disbursement this Period 21998.68	
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	87391.46
TOTAL This Period (last page this line number only)	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) CESC GATEWAY ONE LLC			Transaction ID: SB23.188	
	Mailing Address PO BOX 641472			Date of Disbursement 04 / 28 / 2009	
City PITTSBURGH			State PA	Zip Code 15264	
Purpose of Disbursement RENT			Amount of Each Disbursement this Period 10343.88		
Candidate Name			Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

B.	Full Name (Last, First, Middle Initial) CESC GATEWAY ONE LLC			Transaction ID: SB23.189	
	Mailing Address PO BOX 641472			Date of Disbursement 05 / 29 / 2009	
City PITTSBURGH			State PA	Zip Code 15264	
Purpose of Disbursement RENT			Amount of Each Disbursement this Period 10343.88		
Candidate Name			Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

C.	Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK			Transaction ID: SB23.1	
	Mailing Address 1445-A LAUGHLIN AVE			Date of Disbursement 04 / 15 / 2009	
City MCLEAN			State VA	Zip Code 22101	
Purpose of Disbursement BANK FEE			Amount of Each Disbursement this Period 30.39		
Candidate Name			Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional)			20718.15		
TOTAL This Period (last page this line number only)					

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK <hr/> Mailing Address 1445-A LAUGHLIN AVE <hr/> City MCLEAN State VA Zip Code 22101 <hr/> Purpose of Disbursement BANK FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.2 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 54.90
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) CMDI <hr/> Mailing Address 7704 LEESBURG PKE <hr/> City FALLS CHURCH State VA Zip Code 22043 <hr/> Purpose of Disbursement LIST MANAGEMENT SERVICE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 21175.08
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) CMDI <hr/> Mailing Address 7704 LEESBURG PKE <hr/> City FALLS CHURCH State VA Zip Code 22043 <hr/> Purpose of Disbursement LIST MANAGEMENT SERVICE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.36 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 326.12
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	21556.10
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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) CMDI <hr/> Mailing Address 7704 LEESBURG PKE <hr/> City FALLS CHURCH State VA Zip Code 22043 <hr/> Purpose of Disbursement LIST MANAGEMENT SERVICE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.37 Date of Disbursement 05 / 07 / 2009 <hr/> Amount of Each Disbursement this Period 24880.61
B.	Full Name (Last, First, Middle Initial) CMDI <hr/> Mailing Address 7704 LEESBURG PKE <hr/> City FALLS CHURCH State VA Zip Code 22043 <hr/> Purpose of Disbursement LIST MANAGEMENT SERVICE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.38 Date of Disbursement 05 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 46635.60
C.	Full Name (Last, First, Middle Initial) COMCAST <hr/> Mailing Address 1701 JOHN KENNEDY BLVD <hr/> City PHILADELPHIA State PA Zip Code 19103 <hr/> Purpose of Disbursement UTILITIES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.199 Date of Disbursement 04 / 22 / 2009 <hr/> Amount of Each Disbursement this Period 130.64

SUBTOTAL of Disbursements This Page (optional) ▶	71646.85
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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) COMCAST Mailing Address 1701 JOHN KENNEDY BLVD City PHILADELPHIA State PA Zip Code 19103 Purpose of Disbursement UTILITIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.201 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 132.22
B.	Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING CO OF VA LLC Mailing Address PO BOX 365 City MCLEAN State VA Zip Code 22101 Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 9	Amount of Each Disbursement this Period 2750.00
C.	Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING CO OF VA LLC Mailing Address PO BOX 365 City MCLEAN State VA Zip Code 22101 Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 9	Amount of Each Disbursement this Period 10312.50

SUBTOTAL of Disbursements This Page (optional)	13194.72
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

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) CT CORPORATION <hr/> Mailing Address PO BOX 4349 <hr/> City CAROL STREAM State IL Zip Code 60197 <hr/> Purpose of Disbursement LEGAL CONSULTING Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.31 Date of Disbursement 04 / 22 / 2009 <hr/> Amount of Each Disbursement this Period 197.10
B.	Full Name (Last, First, Middle Initial) DC DEPARTMENT OF REVENUE <hr/> Mailing Address 941 N CAPITOL ST NE FL 1 <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.151 Date of Disbursement 04 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 597.94
C.	Full Name (Last, First, Middle Initial) DC DEPARTMENT OF REVENUE <hr/> Mailing Address 941 N CAPITOL ST NE FL 1 <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.155 Date of Disbursement 04 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 648.56

SUBTOTAL of Disbursements This Page (optional) ▶

1443.60

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) DC DEPARTMENT OF REVENUE Mailing Address 941 N CAPITOL ST NE FL 1 City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.159 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9 Amount of Each Disbursement this Period 214.49
B.	Full Name (Last, First, Middle Initial) DC DEPARTMENT OF REVENUE Mailing Address 941 N CAPITOL ST NE FL 1 City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.163 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 9 Amount of Each Disbursement this Period 100.25
C.	Full Name (Last, First, Middle Initial) DC DEPARTMENT OF REVENUE Mailing Address 941 N CAPITOL ST NE FL 1 City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.170 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9 Amount of Each Disbursement this Period 100.25

SUBTOTAL of Disbursements This Page (optional)	414.99
TOTAL This Period (last page this line number only)	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) DC DEPARTMENT OF REVENUE <hr/> Mailing Address 941 N CAPITOL ST NE FL 1 <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.175 Date of Disbursement 06 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 100.25
B.	Full Name (Last, First, Middle Initial) EDONATION.COM <hr/> Mailing Address 118 N SAINT ASAPH ST <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.16 Date of Disbursement 05 / 19 / 2009 <hr/> Amount of Each Disbursement this Period 25.00
C.	Full Name (Last, First, Middle Initial) FEDEX <hr/> Mailing Address PO BOX 371461 <hr/> City PITTSBURGH State PA Zip Code 15250 <hr/> Purpose of Disbursement DELIVERY Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.19 Date of Disbursement 05 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 176.20

SUBTOTAL of Disbursements This Page (optional) ▶	301.45
TOTAL This Period (last page this line number only) ▶	[Empty Box]

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 117

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

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

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

A.

Full Name (Last, First, Middle Initial)
FEDEX

Mailing Address PO BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.20
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
FINANCIAL AGENT

Mailing Address INTERNAL REVENUE SVC CTR

City OGDEN State UT Zip Code 84201

Purpose of Disbursement
TAXES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.192
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
GERSON PRESTON ROBINSON & CO

Mailing Address 666 SEVENTY-FIRST ST

City MIAMI BEACH State FL Zip Code 33141

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.12
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements 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

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) GERSON PRESTON ROBINSON & CO	Transaction ID: SB23.7 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9	
	Mailing Address 666 SEVENTY-FIRST ST		
	City MIAMI BEACH State FL Zip Code 33141	Amount of Each Disbursement this Period	8000.00
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) HUCKABY DAVIS LISKER	Transaction ID: SB23.13 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9	
	Mailing Address 228 S WASHINGTON ST STE 115		
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period	20006.75
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB23.152 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9	
	Mailing Address 1111 CONSTITUTION AVE NW		
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period	19607.78
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	47614.53
TOTAL This Period (last page this line number only)	

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB23.156 Date of Disbursement
	Mailing Address 1111 CONSTITUTION AVE NW	<input type="text" value="04"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="21799.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB23.160 Date of Disbursement
	Mailing Address 1111 CONSTITUTION AVE NW	<input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="11261.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB23.164 Date of Disbursement
	Mailing Address 1111 CONSTITUTION AVE NW	<input type="text" value="05"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="10408.79"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

43469.88

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB23.168 Date of Disbursement
	Mailing Address 1111 CONSTITUTION AVE NW	<input type="text" value="05"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="2073.04"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB23.171 Date of Disbursement
	Mailing Address 1111 CONSTITUTION AVE NW	<input type="text" value="06"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="8965.07"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB23.176 Date of Disbursement
	Mailing Address 1111 CONSTITUTION AVE NW	<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="8422.72"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="19460.83"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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) ITS MY COOLER LLC	Transaction ID: SB23.22
	Mailing Address PO BOX 476	Date of Disbursement 04 / 01 / 2009
	City POOLSEVILLE State MD Zip Code 20837	Amount of Each Disbursement this Period 35.70
	Purpose of Disbursement EQUIPMENT RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ITS MY COOLER LLC	Transaction ID: SB23.23
	Mailing Address PO BOX 476	Date of Disbursement 04 / 22 / 2009
	City POOLSEVILLE State MD Zip Code 20837	Amount of Each Disbursement this Period 35.70
	Purpose of Disbursement EQUIPMENT RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) ITS MY COOLER LLC	Transaction ID: SB23.24
	Mailing Address PO BOX 476	Date of Disbursement 06 / 16 / 2009
	City POOLSEVILLE State MD Zip Code 20837	Amount of Each Disbursement this Period 35.70
	Purpose of Disbursement EQUIPMENT RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	107.10
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

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) KENTUCKY DEPARTMENT OF REVENUE	Transaction ID: SB23.165 Date of Disbursement
	Mailing Address 800 CAPITOL AVE STE 148	<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City FRANKFORT State KY Zip Code 40601	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="121.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) KENTUCKY DEPARTMENT OF REVENUE	Transaction ID: SB23.172 Date of Disbursement
	Mailing Address 800 CAPITOL AVE STE 148	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City FRANKFORT State KY Zip Code 40601	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="14.34"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) KENTUCKY DEPARTMENT OF REVENUE	Transaction ID: SB23.177 Date of Disbursement
	Mailing Address 800 CAPITOL AVE STE 148	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City FRANKFORT State KY Zip Code 40601	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="25.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements 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)

PAGE 89 / 117

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

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

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

A.	Full Name (Last, First, Middle Initial) LASERSHIP INC <hr/> Mailing Address PO BOX 406420 <hr/> City ATLANTA State GA Zip Code 30384 <hr/> Purpose of Disbursement DELIVERY Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2009	Amount of Each Disbursement this Period _____ 51.42
B.	Full Name (Last, First, Middle Initial) LEXIS NEXIS <hr/> Mailing Address PO BOX 7247 <hr/> City PHILADELPHIA State PA Zip Code 19170 <hr/> Purpose of Disbursement SUBSCRIPTIONS Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.190 Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2009	Amount of Each Disbursement this Period _____ 1200.00
C.	Full Name (Last, First, Middle Initial) LEXIS NEXIS <hr/> Mailing Address PO BOX 7247 <hr/> City PHILADELPHIA State PA Zip Code 19170 <hr/> Purpose of Disbursement SUBSCRIPTIONS Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.191 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2009	Amount of Each Disbursement this Period _____ 1200.00

SUBTOTAL of Disbursements This Page (optional)	2451.42
TOTAL This Period (last page this line number only)	_____

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) LOCKART ATCHLEY & ASSOCIATES LLP	Transaction ID: SB23.4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9	
	Mailing Address 6850 AUSTIN CTR BLVD STE 180		
	City AUSTIN State TX Zip Code 78731	Amount of Each Disbursement this Period	592.57
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) LOCKART ATCHLEY & ASSOCIATES LLP	Transaction ID: SB23.9 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 9	
	Mailing Address 6850 AUSTIN CTR BLVD STE 180		
	City AUSTIN State TX Zip Code 78731	Amount of Each Disbursement this Period	762.20
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) MARYLAND DEPARTMENT OF REVENUE	Transaction ID: SB23.153 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9	
	Mailing Address 80 CALVERT ST		
	City ANNAPOLIS State MD Zip Code 21401	Amount of Each Disbursement this Period	131.63
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	1486.40
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

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)
MARYLAND DEPARTMENT OF REVENUE

Mailing Address 80 CALVERT ST

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.157
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
MARYLAND DEPARTMENT OF REVENUE

Mailing Address 80 CALVERT ST

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.161
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
MARYLAND DEPARTMENT OF REVENUE

Mailing Address 80 CALVERT ST

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.166
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements 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

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) MARYLAND DEPARTMENT OF REVENUE	Transaction ID: SB23.173 Date of Disbursement
	Mailing Address 80 CALVERT ST	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City ANNAPOLIS State MD Zip Code 21401	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="176.51"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) MARYLAND DEPARTMENT OF REVENUE	Transaction ID: SB23.178 Date of Disbursement
	Mailing Address 80 CALVERT ST	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City ANNAPOLIS State MD Zip Code 21401	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="176.51"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) NOVA	Transaction ID: SB23.17 Date of Disbursement
	Mailing Address 1 CONCOURSE PKWY STE 300	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City ATLANTA State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="45.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="398.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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) NOVA Mailing Address 1 CONCOURSE PKWY STE 300 City ATLANTA State GA Zip Code 30328 Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.18 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 9 Amount of Each Disbursement this Period 45.00
B.	Full Name (Last, First, Middle Initial) PREMIERE GLOBAL SERVICES Mailing Address 1268 PAYSHERE CIR City CHICAGO State IL Zip Code 60674 Purpose of Disbursement FAX SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.26 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9 Amount of Each Disbursement this Period 55.36
C.	Full Name (Last, First, Middle Initial) PRIMUS Mailing Address 2094 185TH ST City FAIRFIELD State IA Zip Code 52556 Purpose of Disbursement PHONE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.181 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9 Amount of Each Disbursement this Period 2040.24

SUBTOTAL of Disbursements This Page (optional) ▶	2140.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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) RST MARKETING	Transaction ID: SB23.184 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE	<input type="text" value="11975.54"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB23.185 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement PRINTING	<input type="text" value="1628.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) SANDRA L PACK CPA LLC	Transaction ID: SB23.11 Date of Disbursement
	Mailing Address 538 MOORINGS CIR	<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City ARNOLD State MD Zip Code 21012	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="9110.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="22713.54"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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) SANDRA L PACK CPA LLC <hr/> Mailing Address 538 MOORINGS CIR <hr/> City ARNOLD State MD Zip Code 21012 <hr/> Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.3 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 9200.00
B.	Full Name (Last, First, Middle Initial) TREASURER OF VIRGINIA <hr/> Mailing Address PO BOX 7607 <hr/> City MERRIFIELD State VA Zip Code 22116 <hr/> Purpose of Disbursement TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.195 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 25.00
C.	Full Name (Last, First, Middle Initial) US MONITOR <hr/> Mailing Address 86 MAPLE AVE <hr/> City NEW CITY State NY Zip Code 10956 <hr/> Purpose of Disbursement LIST MANAGEMENT SERVICE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.39 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 60.00

SUBTOTAL of Disbursements This Page (optional) ▶	9285.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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) USPS	Transaction ID: SB23.187
	Mailing Address 1632 CRYSTAL SQ ARC	Date of Disbursement MM / DD / YYYY 04 / 14 / 2009
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period 398.00
	Purpose of Disbursement RENT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB23.25
	Mailing Address PO BOX 660720	Date of Disbursement MM / DD / YYYY 04 / 22 / 2009
	City DALLS State TX Zip Code 75266	Amount of Each Disbursement this Period 86.06
	Purpose of Disbursement FAX SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB23.27
	Mailing Address PO BOX 660720	Date of Disbursement MM / DD / YYYY 05 / 28 / 2009
	City DALLS State TX Zip Code 75266	Amount of Each Disbursement this Period 86.06
	Purpose of Disbursement FAX SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	570.12
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

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.

<p>A. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF REVENUE</p> <p>Mailing Address 3600 W BROAD ST STE 160</p> <p>City RICHMOND State VA Zip Code 23230</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.154</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2302.36</p>
<p>B. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF REVENUE</p> <p>Mailing Address 3600 W BROAD ST STE 160</p> <p>City RICHMOND State VA Zip Code 23230</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.158</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2590.41</p>
<p>C. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF REVENUE</p> <p>Mailing Address 3600 W BROAD ST STE 160</p> <p>City RICHMOND State VA Zip Code 23230</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.162</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1574.88</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6467.65

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF TAXATION</p> <p>Mailing Address PO BOX 1500</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.167</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1371.62</p>
<p>B. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF REVENUE</p> <p>Mailing Address 3600 W BROAD ST STE 160</p> <p>City RICHMOND State VA Zip Code 23230</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.169</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 295.78</p>
<p>C. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF REVENUE</p> <p>Mailing Address 3600 W BROAD ST STE 160</p> <p>City RICHMOND State VA Zip Code 23230</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.174</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1243.56</p>

SUBTOTAL of Disbursements This Page (optional)	2910.96
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

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.

<p>A. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF TAXATION</p> <p>Mailing Address PO BOX 1500</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.179</p> <p>Date of Disbursement 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1308.17</p>
<p>B. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF TAXATION</p> <p>Mailing Address PO BOX 1500</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.193</p> <p>Date of Disbursement 04 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2360.00</p>
<p>C. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF TAXATION</p> <p>Mailing Address PO BOX 1500</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.194</p> <p>Date of Disbursement 04 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 9802.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

13470.17

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)

PAGE 100 / 117

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

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

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

A.	Full Name (Last, First, Middle Initial) XO COMMUNICATIONS	Transaction ID: SB23.198 Date of Disbursement 04 / 14 / 2009	
	Mailing Address 8851 SANDY PKWY		
	City SANDY State UT Zip Code 84070	Amount of Each Disbursement this Period	4360.00
	Purpose of Disbursement UTILITIES		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) XO COMMUNICATIONS	Transaction ID: SB23.203 Date of Disbursement 06 / 16 / 2009	
	Mailing Address 8851 SANDY PKWY		
	City SANDY State UT Zip Code 84070	Amount of Each Disbursement this Period	8785.40
	Purpose of Disbursement UTILITIES		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) YUMA SOLUTIONS INC	Transaction ID: SB23.14 Date of Disbursement 05 / 07 / 2009	
	Mailing Address PO BOX 152075		
	City TAMPA State FL Zip Code 33684	Amount of Each Disbursement this Period	10000.00
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	23145.40
TOTAL This Period (last page this line number only)	

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 101 / 117

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

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

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

A.	Full Name (Last, First, Middle Initial) YUMA SOLUTIONS INC		Transaction ID: SB23.15	
	Mailing Address PO BOX 152075		Date of Disbursement 05 / 28 / 2009	
City TAMPA		State FL	Zip Code 33684	
Purpose of Disbursement COMPUTERSUPPORT/EQUIPMENT			Amount of Each Disbursement this Period 116000.00	
Candidate Name			Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

SUBTOTAL of Disbursements This Page (optional) ▶

116000.00

TOTAL This Period (last page this line number only) ▶

968367.40

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 117

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

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

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

A.

Full Name (Last, First, Middle Initial)
MCCAIN VICTORY 2008

Transaction ID: SB23.196

Date of Disbursement

Mailing Address 228 S. WASHINGTON ST
STE 115

/ /

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

Purpose of Disbursement
TRANSFER TO AUTHORIZED COMMITTEE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements 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 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

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) DELBERT ALLEN <hr/> Mailing Address 14128 DAWN HILL RD <hr/> City SILOAM SPRINGS State AR Zip Code 72761 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.3 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) EDWARD C ANDERSON <hr/> Mailing Address 2284 TROON CT <hr/> City SANIBEL State FL Zip Code 33957 <hr/> Purpose of Disbursement VOID CHECK Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.25 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period -1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) EDWARD C ANDERSON <hr/> Mailing Address 2284 TROON CT <hr/> City SANIBEL State FL Zip Code 33957 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2300.00

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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) TERRENCE R CASTER <hr/> Mailing Address 634 CREST DR <hr/> City State Zip Code EL CAJON CA 92019 <hr/> Purpose of Disbursement CONTRIBUTION REFUND <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <hr/> State: District:	Transaction ID: SB28A.21 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">M M</td> <td style="width: 25%;">D D</td> <td style="width: 50%;">Y Y Y Y</td> </tr> <tr> <td>0 6</td> <td>1 6</td> <td>2 0 0 9</td> </tr> </table>	M M	D D	Y Y Y Y	0 6	1 6	2 0 0 9
	M M	D D	Y Y Y Y				
	0 6	1 6	2 0 0 9				
	<hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="font-size: 24pt;">2300.00</td> </tr> </table>	2300.00				
	2300.00						
Category/ Type							
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼							

B. Full Name (Last, First, Middle Initial) SALLIE O DAVIS <hr/> Mailing Address 4780 N LAKE DR <hr/> City State Zip Code MILWAUKEE WI 53211 <hr/> Purpose of Disbursement CONTRIBUTION REFUND <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <hr/> State: District:	Transaction ID: SB28A.20 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">M M</td> <td style="width: 25%;">D D</td> <td style="width: 50%;">Y Y Y Y</td> </tr> <tr> <td>0 6</td> <td>1 6</td> <td>2 0 0 9</td> </tr> </table>	M M	D D	Y Y Y Y	0 6	1 6	2 0 0 9
	M M	D D	Y Y Y Y				
	0 6	1 6	2 0 0 9				
	<hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="font-size: 24pt;">2700.00</td> </tr> </table>	2700.00				
	2700.00						
Category/ Type							
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼							

C. Full Name (Last, First, Middle Initial) SALLIE O DAVIS <hr/> Mailing Address 4780 N LAKE DR <hr/> City State Zip Code MILWAUKEE WI 53211 <hr/> Purpose of Disbursement VOID CHECK <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <hr/> State: District:	Transaction ID: SB28A.32 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">M M</td> <td style="width: 25%;">D D</td> <td style="width: 50%;">Y Y Y Y</td> </tr> <tr> <td>0 4</td> <td>2 4</td> <td>2 0 0 9</td> </tr> </table>	M M	D D	Y Y Y Y	0 4	2 4	2 0 0 9
	M M	D D	Y Y Y Y				
	0 4	2 4	2 0 0 9				
	<hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="font-size: 24pt;">-400.00</td> </tr> </table>	-400.00				
	-400.00						
Category/ Type							
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1" style="font-size: 24pt;"> <tr> <td style="padding: 5px;">4600.00</td> </tr> </table>	4600.00
4600.00		
TOTAL This Period (last page this line number only) ▶	<table border="1" style="font-size: 24pt;"> <tr> <td style="height: 20px;"></td> </tr> </table>	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 105 / 117

<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

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) SALLIE O DAVIS	Transaction ID: SB28A.33 Date of Disbursement 04 / 24 / 2009	
	Mailing Address 4780 N LAKE DR		
	City MILWAUKEE State WI Zip Code 53211	Amount of Each Disbursement this Period	-2300.00
	Purpose of Disbursement VOID CHECK	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) JEFFREY S DIAMOND	Transaction ID: SB28A.4 Date of Disbursement 04 / 08 / 2009	
	Mailing Address 2237 EDGEMER PL		
	City MARIETTA State GA Zip Code 30062	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) WILLIAM A FITZGERALD	Transaction ID: SB28A.19 Date of Disbursement 05 / 27 / 2009	
	Mailing Address 109 KRESTWOOD DR		
	City BURNSVILLE State MN Zip Code 55337	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 106 / 117

<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

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) WILLIAM A FITZGERALD	Transaction ID: SB28A.36 Date of Disbursement 05 / 22 / 2009	
	Mailing Address 109 KRESTWOOD DR		
	City BURNSVILLE State MN Zip Code 55337	Amount of Each Disbursement this Period	-1000.00
	Purpose of Disbursement VOID CHECK		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) HARRY R GERENT	Transaction ID: SB28A.31 Date of Disbursement 04 / 24 / 2009	
	Mailing Address 5290 TRAILS END		
	City SHEFFIELD VILLAGE State OH Zip Code 44054	Amount of Each Disbursement this Period	-400.00
	Purpose of Disbursement VOID CHECK		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) NORMAN KANTOR	Transaction ID: SB28A.23 Date of Disbursement 06 / 23 / 2009	
	Mailing Address 837 RAMAPO WAY		
	City WESTFIELD State NJ Zip Code 07090	Amount of Each Disbursement this Period	400.00
	Purpose of Disbursement CONTRIBUTION REFUND		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	-1000.00
TOTAL This Period (last page this line number only) ▶	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 117

<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

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) NORMAN KANTOR <hr/> Mailing Address 837 RAMAPO WAY <hr/> City WESTFIELD State NJ Zip Code 07090 <hr/> Purpose of Disbursement VOID CHECK Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.39 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period -400.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) SUSIE KOLTUN <hr/> Mailing Address 1075 PARK AVE APT 2D <hr/> City NEW YORK State NY Zip Code 10128 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.24 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) SUSIE KOLTUN <hr/> Mailing Address 1075 PARK AVE APT 2D <hr/> City NEW YORK State NY Zip Code 10128 <hr/> Purpose of Disbursement VOID CHECK Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.41 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period -2300.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	-400.00
TOTAL This Period (last page this line number only) ▶	(Empty)

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 108 / 117

<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

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) SUSIE KOLTUN	Transaction ID: SB28A.5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9	
	Mailing Address 1075 PARK AVE APT 2D		Amount of Each Disbursement this Period 2300.00
	City NEW YORK State NY Zip Code 10128		
	Purpose of Disbursement CONTRIBUTION REFUND		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) MICHAEL S LANGMAN	Transaction ID: SB28A.18 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9	
	Mailing Address 630 5TH AVE 27TH FL		Amount of Each Disbursement this Period 2300.00
	City NEW YORK State NY Zip Code 10111		
	Purpose of Disbursement CONTRIBUTION REFUND		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) MICHAEL S LANGMAN	Transaction ID: SB28A.37 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 9	
	Mailing Address 630 5TH AVE 27TH FL		Amount of Each Disbursement this Period -2300.00
	City NEW YORK State NY Zip Code 10111		
	Purpose of Disbursement VOID CHECK		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	2300.00
TOTAL This Period (last page this line number only)	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 109 / 117

<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

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.

<p>A. Full Name (Last, First, Middle Initial) MICHAEL S LANGMAN</p> <p>Mailing Address 630 5TH AVE 27TH FL</p> <p>City NEW YORK State NY Zip Code 10111</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.6</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p>B. Full Name (Last, First, Middle Initial) THOMAS B LEARY</p> <p>Mailing Address 615 E ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.14</p> <p>Date of Disbursement 05 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>C. Full Name (Last, First, Middle Initial) THOMAS B LEARY</p> <p>Mailing Address 615 E ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement VOID CHECK</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.30</p> <p>Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period -700.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2300.00

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 110 / 117

<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

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) WILLIAM MAHON	Transaction ID: SB28A.15 Date of Disbursement
	Mailing Address 8630 DELMAR BLVD STE 215	<input type="text" value="05"/> <input type="text" value="01"/> / <input type="text" value="2009"/>
	City ST LOUIS State MO Zip Code 63124	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) WILLIAM MAHON	Transaction ID: SB28A.27 Date of Disbursement
	Mailing Address 8630 DELMAR BLVD STE 215	<input type="text" value="04"/> <input type="text" value="16"/> / <input type="text" value="2009"/>
	City ST LOUIS State MO Zip Code 63124	Amount of Each Disbursement this Period
	Purpose of Disbursement VOID CHECK	<input type="text" value="-200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) KAREN MANOS	Transaction ID: SB28A.1 Date of Disbursement
	Mailing Address 8431 LEE ALAN DR	<input type="text" value="04"/> <input type="text" value="01"/> / <input type="text" value="2009"/>
	City FAIRFAX STATION State VA Zip Code 22039	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="2300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2300.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 111 / 117

<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

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.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) NICHOLAS A MERRICK</p> <p>Mailing Address 3625 GREENBRIER DR</p> <p>City DALLAS State TX Zip Code 75225</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.12</p> <p>Date of Disbursement 05 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) NICHOLAS A MERRICK</p> <p>Mailing Address 3625 GREENBRIER DR</p> <p>City DALLAS State TX Zip Code 75225</p> <p>Purpose of Disbursement VOID CHECK</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.29</p> <p>Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period -2300.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ALAN A ROBERTS</p> <p>Mailing Address 112 CHERRY HILL RD</p> <p>City BARRINGTON State IL Zip Code 60010</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28A.17</p> <p>Date of Disbursement 05 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

200.00

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 112 / 117

<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

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) ALAN A ROBERTS	Transaction ID: SB28A.38 Date of Disbursement 05 / 22 / 2009	
	Mailing Address 112 CHERRY HILL RD		
	City BARRINGTON State IL Zip Code 60010	Amount of Each Disbursement this Period	-200.00
	Purpose of Disbursement VOID CHECK		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) MAX J STORY	Transaction ID: SB28A.22 Date of Disbursement 06 / 23 / 2009	
	Mailing Address 2 TANGLEWOOD ST		
	City MAGNOLIA State AR Zip Code 71753	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement CONTRIBUTION REFUND		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) MAX J STORY	Transaction ID: SB28A.40 Date of Disbursement 06 / 16 / 2009	
	Mailing Address 2 TANGLEWOOD ST		
	City MAGNOLIA State AR Zip Code 71753	Amount of Each Disbursement this Period	-2300.00
	Purpose of Disbursement VOID CHECK		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

-200.00

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 113 / 117

<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

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.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) DALE TURZA</p> <p>Mailing Address 5102 CAMMACK DR</p> <p>City BETHESDA State MD Zip Code 20816</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB28A.10</p> <p>Date of Disbursement 05 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1150.00</p> <p>Category/Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PETER H TURZA</p> <p>Mailing Address 5102 CAMMACK DR</p> <p>City BETHESDA State MD Zip Code 20816</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB28A.13</p> <p>Date of Disbursement 05 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1150.00</p> <p>Category/Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PETER H TURZA</p> <p>Mailing Address 5102 CAMMACK DR</p> <p>City BETHESDA State MD Zip Code 20816</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB28A.2</p> <p>Date of Disbursement 04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p>Category/Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional)	4600.00
TOTAL This Period (last page this line number only)	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 114 / 117

<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

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) PETER H TURZA <hr/> Mailing Address 5102 CAMMACK DR <hr/> City BETHESDA State MD Zip Code 20816 <hr/> Purpose of Disbursement VOID CHECK Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.34 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period -2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
B. Full Name (Last, First, Middle Initial) KENT R E WHITNEY <hr/> Mailing Address 233 E WACKER DR <hr/> City CHICAGO State IL Zip Code 60601 <hr/> Purpose of Disbursement VOID CHECK Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.26 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period -1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
C. Full Name (Last, First, Middle Initial) KENT R E WHITNEY <hr/> Mailing Address 233 E WACKER DR <hr/> City CHICAGO State IL Zip Code 60601 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.9 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

-2300.00

TOTAL This Period (last page this line number only) ▶

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 115 / 117

<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

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) GAIL WILSON WORTH <hr/> Mailing Address 5900 EAST 150 HWY <hr/> City GRANDVIEW State MO Zip Code 64030 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.11 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00

B. Full Name (Last, First, Middle Initial) GAIL WILSON WORTH <hr/> Mailing Address 5900 EAST 150 HWY <hr/> City GRANDVIEW State MO Zip Code 64030 <hr/> Purpose of Disbursement VOID CHECK Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.28 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period -2000.00

C. Full Name (Last, First, Middle Initial) EDONATION.COM <hr/> Mailing Address 118 N SAINT ASAPH ST <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement CONTRIBUTION REFUNDS- SEE MEMOS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.16 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 50.00

SUBTOTAL of Disbursements This Page (optional) ▶	50.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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) SIAVASH AMANI <hr/> Mailing Address 7221 NIEMAN RD <hr/> City SHAWNEE State KS Zip Code 66203 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28AM.1 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 50.00
	[MEMO ITEM]
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) EDONATION.COM <hr/> Mailing Address 118 N SAINT ASAPH ST <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement CONTRIBUTION REFUNDS- SEE MEMOS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.7 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 20.00
	[MEMO ITEM]
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) ROY VARDEMAN <hr/> Mailing Address 432 SOUTH 1ST ST <hr/> City HEWITT State TX Zip Code 76643 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28AM.2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 20.00
	[MEMO ITEM]
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	20.00
TOTAL This Period (last page this line number only) ▶	15770.00

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 117 / 117

<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

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 <hr/> Mailing Address PO BOX 6076 <hr/> City NEWARK State DE Zip Code 19714 <hr/> Purpose of Disbursement INVESTMENT INTEREST EXPENSE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.1 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 18137.17
B. Full Name (Last, First, Middle Initial) JP MORGAN CHASE BANK <hr/> Mailing Address PO BOX 6076 <hr/> City NEWARK State DE Zip Code 19714 <hr/> Purpose of Disbursement INVESTMENT INTEREST EXPENSE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.2 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 34193.65

SUBTOTAL of Disbursements This Page (optional) ►

52330.82

TOTAL This Period (last page this line number only) ►

52330.82