

REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 37
BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1. NAME OF COMMITTEE (in full) MCCAIN-PALIN COMPLIANCE FUND, INC.		2. IDENTIFICATION NUMBER C00446104
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported PO BOX 16664		
CITY, STATE, and ZIP CODE ARLINGTON VA 22215		3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

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

☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

Monthly Report Due On:

☐ February 20

☐ March 20

☐ April 20

☐ May 20

☐ June 20

☐ July 20

☐ August 20

☐ September 20

☐ October 20

☐ November 20

☐ December 20

☐ January 31

☐ Twelfth day report preceding General
(Type of Election)

election on _____ in the State of _____

☐ Thirtieth day report following the General Election on
on _____

 IS THIS REPORT AN AMENDMENT ☐ YES ☒ NO

5. COVERING PERIOD		FROM 01/01/2011	THROUGH 03/31/2011
SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	11573105.73	
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	45084.26	
	8. SUBTOTAL (Lines 6 and 7)	11618189.99	
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	312050.65	
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	11306139.34	
	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)	417158.04	
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	10952906.36	

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

 Type or Print Name of Treasurer
Joseph Schmuckler

 Date
04/08/2011

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: 01/01/2011 To: 03/31/2011	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized	.....	0.00	339438.50
(ii) Unitemized	.....	0.00	322785.60
(iii) Total Contributions	.....	0.00	662224.10
(b) Political Party Committees	.....	0.00	300.00
(c) Other Political Committees	.....	0.00	6720.00
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))	.....	0.00	669244.10
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	5186640.87
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Loans	.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	997.46	638674.01
(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))	.....	997.46	638674.01
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	44086.80	581470.40
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	45084.26	7076029.38
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	.....	270050.65	11591580.37
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	8667004.44
25. FUNDRAISING DISBURSEMENTS	.....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) 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	.....	1000.00	251786.06
(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))	.....	1000.00	252086.06
29. OTHER DISBURSEMENTS	.....	41000.00	1222342.23
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	312050.65	21733013.10
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 / 37
 (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 16664

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
Massachussetts	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 A-P **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 4 / 37

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

AON RISK SERVICES

Mailing Address

1120 20TH ST NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

582.64

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 1

Amount of Each Receipt this Period

187.05

REFUND-INSURANCE

Transaction ID: SA20A.2

B.

Full Name (Last, First, Middle Initial)

TUCSON ELECTRIC POWER COMPANY

Mailing Address

PO BOX 3033

City

TUCSON

State

AZ

Zip Code

85702

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

810.41

Date of Receipt

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

Amount of Each Receipt this Period

810.41

REFUND- UTILITIES

Transaction ID: SA20A.3

SUBTOTAL of Receipts This Page (optional)

997.46

TOTAL This Period (last page this line number only)

997.46

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

JP MORGAN CHASE BANK

Mailing Address

PO BOX 6076

City

NEWARK

State

DE

Zip Code

19714

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

327912.25

Date of Receipt

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

Amount of Each Receipt this Period

1192.80

INTEREST EARNING

Transaction ID: SA21.1

B.

Full Name (Last, First, Middle Initial)

JP MORGAN CHASE BANK

Mailing Address

PO BOX 6076

City

NEWARK

State

DE

Zip Code

19714

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

327912.25

Date of Receipt

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

Amount of Each Receipt this Period

24709.33

INTEREST EARNING

Transaction ID: SA21.2

C.

Full Name (Last, First, Middle Initial)

JP MORGAN CHASE BANK

Mailing Address

PO BOX 6076

City

NEWARK

State

DE

Zip Code

19714

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

327912.25

Date of Receipt

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

Amount of Each Receipt this Period

120.21

INTEREST EARNING

Transaction ID: SA21.3

SUBTOTAL of Receipts This Page (optional)

26022.34

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

JP MORGAN CHASE BANK

Mailing Address

PO BOX 6076

City

NEWARK

State

DE

Zip Code

19714

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

327912.25

Date of Receipt

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

Amount of Each Receipt this Period

7079.31

UNREALIZED CAPITAL GAINS

Transaction ID: SA21.4

B.

Full Name (Last, First, Middle Initial)

JP MORGAN CHASE BANK

Mailing Address

PO BOX 6076

City

NEWARK

State

DE

Zip Code

19714

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

327912.25

Date of Receipt

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

Amount of Each Receipt this Period

10985.15

UNREALIZED CAPITAL GAINS

Transaction ID: SA21.5

SUBTOTAL of Receipts This Page (optional)

18064.46

TOTAL This Period (last page this line number only)

44086.80

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 37

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

PHIL ADAMS

Mailing Address 4220 CAMPBELL AVE

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.9

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

25000.00

B.

Full Name (Last, First, Middle Initial)

TOM ADAMS

Mailing Address 208 HICKORY ST

City CENTREVILLE State AL Zip Code 35042

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.10

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16664

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.28

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

1401.25

SUBTOTAL of Disbursements This Page (optional)

31401.25

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.31

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1401.25

B.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.34

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1401.25

C.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.37

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1401.25

SUBTOTAL of Disbursements This Page (optional)

4203.75

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 37

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.40

Date of Disbursement

03 / 15 / 2011

Amount of Each Disbursement this Period

158.08

B.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.43

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

158.08

C.

Full Name (Last, First, Middle Initial)

TERRI BIELER

Mailing Address 3042 SAN CARLOS DR

City
MARGATE

State
FL

Zip Code
33063

Purpose of Disbursement
PERSONNEL SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.62

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

432.00

SUBTOTAL of Disbursements This Page (optional)

748.16

TOTAL This Period (last page this line number 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 10 / 37

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

ELLEN BRADLEY

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.26

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2007.29

B.

Full Name (Last, First, Middle Initial)

ELLEN BRADLEY

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.29

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2007.29

C.

Full Name (Last, First, Middle Initial)

ELLEN BRADLEY

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.32

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2007.29

SUBTOTAL of Disbursements This Page (optional)

6021.87

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 37

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

ELLEN BRADLEY

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.35

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1964.52

B.

Full Name (Last, First, Middle Initial)

ELLEN BRADLEY

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.38

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1964.52

C.

Full Name (Last, First, Middle Initial)

ELLEN BRADLEY

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.41

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1964.52

SUBTOTAL of Disbursements This Page (optional)

5893.56

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

ELLEN BRADLEY

Mailing Address 39 CANTERBURY SQUARE

City
ALEXANDRIA

State
VA

Zip Code
22304

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.68

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.09

B.

Full Name (Last, First, Middle Initial)

ELLEN BRADLEY

Mailing Address 39 CANTERBURY SQUARE

City
ALEXANDRIA

State
VA

Zip Code
22304

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.69

Date of Disbursement

/ /

Amount of Each Disbursement this Period

248.00

C.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.27

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4518.97

SUBTOTAL of Disbursements This Page (optional)

5067.06

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.30

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4518.97

B.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.33

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4518.97

C.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.36

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4518.97

SUBTOTAL of Disbursements This Page (optional)

13556.91

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.39

Date of Disbursement

03 / 15 / 2011

Amount of Each Disbursement this Period

4960.54

B.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16664

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.42

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

4960.54

C.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City
KINGWOOD

State
TX

Zip Code
77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.44

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

3379.26

SUBTOTAL of Disbursements This Page (optional)

13300.34

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.45

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

3017.60

B.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.46

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

2923.73

C.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.47

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

2632.51

SUBTOTAL of Disbursements This Page (optional)

8573.84

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.48

Date of Disbursement

03 / 15 / 2011

Amount of Each Disbursement this Period

1094.23

B.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.49

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

1149.99

C.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23CCP.1

Date of Disbursement

01 / 19 / 2011

Amount of Each Disbursement this Period

864.79

SUBTOTAL of Disbursements This Page (optional)

3109.01

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 660481

City
DALLAS

State
TX

Zip Code
75266

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23CCD.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

66.42

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 660481

City
DALLAS

State
TX

Zip Code
75266

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23CCD.6

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.80

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

STAPLES.COM

Mailing Address 500 STAPLES DR

City
FRAMINGHAM

State
MA

Zip Code
01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23CCD.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47.73

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 37

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

STAPLES.COM

Mailing Address 500 STAPLES DR

City
FRAMINGHAM

State
MA

Zip Code
01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23CCD.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

574.44

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City
PHOENIX

State
AZ

Zip Code
85034

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23CCD.4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

154.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City
NEWARK

State
NJ

Zip Code
07101

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23CCP.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2684.97

SUBTOTAL of Disbursements This Page (optional)

2684.97

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) CHICK-FIL-A	Transaction ID: SB23CCD.8 Date of Disbursement																				
Mailing Address 9409 W ATLANTIC BLVD CORAL SQ	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	1												
City CORAL SPRINGS State FL Zip Code 33071	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD/BEVERAGE	<table border="1"> <tr> <td colspan="10">18.95</td> </tr> </table>	18.95																			
18.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CONTINENTAL RENT A CAR	Transaction ID: SB23CCC.1 Date of Disbursement																				
Mailing Address 7948 NARCOOSSEE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	1												
City ORLANDO State FL Zip Code 32822	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT- TRAVEL	<table border="1"> <tr> <td colspan="10">-151.55</td> </tr> </table>	-151.55																			
-151.55																					
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) CONTINENTAL RENT A CAR	Transaction ID: SB23CCC.2 Date of Disbursement																				
Mailing Address 7948 NARCOOSSEE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	1												
City ORLANDO State FL Zip Code 32822	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT- TRAVEL	<table border="1"> <tr> <td colspan="10">-300.00</td> </tr> </table>	-300.00																			
-300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

CONTINENTAL RENT A CAR

Mailing Address 7948 NARCOOSSEE RD

City ORLANDO State FL Zip Code 32822

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23CCD.9

Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

ENTERPRISE RENT A CAR

Mailing Address 600 CORPORATE PARK DR

City ST LOUIS State MO Zip Code 63105

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23CCD.10

Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

2651.07

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

LA QUINTA IN CORRAL SPRINGS

Mailing Address 3701 N UNIVERSITY DR

City CORAL SPRINGS State FL Zip Code 33065

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23CCD.7

Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

166.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

MCCAIN-PALIN COMPLIANCE FUND, INC.

FEC Schedule B (Form 3P)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 37

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

CAPLIN & DRYSDALE

Mailing Address ONE THOMAS CIR NW STE 1100

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
LEGAL CONSULTING/TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.23

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

27838.11

B.

Full Name (Last, First, Middle Initial)

CAPLIN & DRYSDALE

Mailing Address ONE THOMAS CIR NW STE 1100

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
LEGAL CONSULTING/TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.24

Date of Disbursement

03 / 27 / 2011

Amount of Each Disbursement this Period

36019.78

C.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.4

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

57.60

SUBTOTAL of Disbursements This Page (optional)

63915.49

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City
FALLS CHURCH

State
VA

Zip Code
22043

Purpose of Disbursement
DATABASE MANAGEMENT SVC

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

7386.49

B.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City
FALLS CHURCH

State
VA

Zip Code
22043

Purpose of Disbursement
DATABASE MANAGEMENT SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.6

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2485.00

C.

Full Name (Last, First, Middle Initial)

COMPLIANCE CONSULTING CO OF VA LLC

Mailing Address PO BOX 365

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1100.00

SUBTOTAL of Disbursements This Page (optional)

10971.49

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

DAMAGE RECOVERY UNIT

Mailing Address PO BOX 842442

City
DALLAS

State
TX

Zip Code
75284

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.70

Date of Disbursement

/ /

Amount of Each Disbursement this Period

219.00

B.

Full Name (Last, First, Middle Initial)

DISH NETWORK

Mailing Address PO BOX 105169

City
ATLANTA

State
GA

Zip Code
30348

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.16

Date of Disbursement

/ /

Amount of Each Disbursement this Period

271.93

C.

Full Name (Last, First, Middle Initial)

DISH NETWORK

Mailing Address PO BOX 105169

City
ATLANTA

State
GA

Zip Code
30348

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.71

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13.57

SUBTOTAL of Disbursements This Page (optional)

504.50

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) EAGLE BANK	Transaction ID: SB23.1 Date of Disbursement																				
Mailing Address 4831 CORDELL AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City BETHESDA State MD Zip Code 20814	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANK FEE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>32.64</td> </tr> </table>																				32.64
									32.64												
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) EAGLE BANK	Transaction ID: SB23.2 Date of Disbursement																				
Mailing Address 4831 CORDELL AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
City BETHESDA State MD Zip Code 20814	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANK FEE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>33.82</td> </tr> </table>																				33.82
									33.82												
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) EAGLE BANK	Transaction ID: SB23.3 Date of Disbursement																				
Mailing Address 4831 CORDELL AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	1												
City BETHESDA State MD Zip Code 20814	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANK FEE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>34.62</td> </tr> </table>																				34.62
									34.62												
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)

101.08

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)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 660481

City
DALLAS

State
TX

Zip Code
75266

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.13

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

18.91

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 660481

City
DALLAS

State
TX

Zip Code
75266

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.14

Date of Disbursement

01 / 13 / 2011

Amount of Each Disbursement this Period

46.55

C.

Full Name (Last, First, Middle Initial)

HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST STE 115

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.11

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

20000.00

SUBTOTAL of Disbursements This Page (optional)

20065.46

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)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST STE 115

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20000.00

B.

Full Name (Last, First, Middle Initial)

INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City
WASHINGTON

State
DC

Zip Code
20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.50

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3974.70

C.

Full Name (Last, First, Middle Initial)

INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City
WASHINGTON

State
DC

Zip Code
20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.52

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3974.70

SUBTOTAL of Disbursements This Page (optional)

27949.40

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)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.54

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

3974.70

B.

Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.56

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

3992.82

C.

Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.58

Date of Disbursement

03 / 15 / 2011

Amount of Each Disbursement this Period

3844.72

SUBTOTAL of Disbursements This Page (optional)

11812.24

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.60

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

3844.72

B.

Full Name (Last, First, Middle Initial)
LEXIS NEXIS

Mailing Address PO BOX 7247

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.67

Date of Disbursement

01 / 25 / 2011

Amount of Each Disbursement this Period

1200.00

C.

Full Name (Last, First, Middle Initial)
O'MELVENY & MYERS LLP

Mailing Address PO BOX 894436

City LOS ANGELES State CA Zip Code 90189

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.19

Date of Disbursement

01 / 24 / 2011

Amount of Each Disbursement this Period

5433.16

SUBTOTAL of Disbursements This Page (optional)

10477.88

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 37

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

O'MELVENY & MYERS LLP

Mailing Address PO BOX 894436

City
LOS ANGELES

State
CA

Zip Code
90189

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.20

Date of Disbursement

/ /

Amount of Each Disbursement this Period

174.75

B.

Full Name (Last, First, Middle Initial)

O'MELVENY & MYERS LLP

Mailing Address PO BOX 894436

City
LOS ANGELES

State
CA

Zip Code
90189

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.21

Date of Disbursement

/ /

Amount of Each Disbursement this Period

433.91

C.

Full Name (Last, First, Middle Initial)

PRIMUS

Mailing Address PO BOX 3246

City
MILWAUKEE

State
WI

Zip Code
53201

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: SB23.64

Date of Disbursement

/ /

Amount of Each Disbursement this Period

179.88

SUBTOTAL of Disbursements This Page (optional)

788.54

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) SELF STORAGE PLUS	Transaction ID: SB23.17 Date of Disbursement																				
Mailing Address 2520 OAKVILLE ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22301	Amount of Each Disbursement this Period																				
Purpose of Disbursement FACILITY RENTAL	<table border="1"> <tr> <td>175.00</td> </tr> </table>	175.00																			
175.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SELF STORAGE PLUS	Transaction ID: SB23.65 Date of Disbursement																				
Mailing Address 2520 OAKVILLE ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22301	Amount of Each Disbursement this Period																				
Purpose of Disbursement RENT	<table border="1"> <tr> <td>175.00</td> </tr> </table>	175.00																			
175.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SELF STORAGE PLUS	Transaction ID: SB23.66 Date of Disbursement																				
Mailing Address 2520 OAKVILLE ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22301	Amount of Each Disbursement this Period																				
Purpose of Disbursement RENT	<table border="1"> <tr> <td>175.00</td> </tr> </table>	175.00																			
175.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

525.00

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

SMARTSOURCE RENTALS

Mailing Address PO BOX 289

City
LAUREL

State
NY

Zip Code
11948

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.15

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1483.89

B.

Full Name (Last, First, Middle Initial)

SPRINT

Mailing Address PO BOX 8077

City
LONDON

State
KY

Zip Code
40742

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: SB23.63

Date of Disbursement

/ /

Amount of Each Disbursement this Period

189.42

C.

Full Name (Last, First, Middle Initial)

STAPLES

Mailing Address RMS

City
RICHFIELD

State
OH

Zip Code
44286

Purpose of Disbursement
PAPER/PEN/TONER/PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.25

Date of Disbursement

/ /

Amount of Each Disbursement this Period

654.46

SUBTOTAL of Disbursements This Page (optional)

2327.77

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

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

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF TAXATION

Mailing Address PO BOX 1500

City RICHMOND State VA Zip Code 23218

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: SB23.51

Date of Disbursement

/ /

Amount of Each Disbursement this Period

203.74

B. Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF TAXATION

Mailing Address PO BOX 1500

City RICHMOND State VA Zip Code 23218

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: SB23.53

Date of Disbursement

/ /

Amount of Each Disbursement this Period

203.74

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

Mailing Address 3600 W BROAD ST STE 160

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.55

Date of Disbursement

/ /

Amount of Each Disbursement this Period

203.74

SUBTOTAL of Disbursements This Page (optional)

611.22

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)

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

VIRGINIA DEPARTMENT OF REVENUE

Mailing Address 3600 W BROAD ST STE 160

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.57

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

237.45

B.

Full Name (Last, First, Middle Initial)

VIRGINIA DEPARTMENT OF REVENUE

Mailing Address 3600 W BROAD ST STE 160

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.59

Date of Disbursement

03 / 15 / 2011

Amount of Each Disbursement this Period

136.93

C.

Full Name (Last, First, Middle Initial)

VIRGINIA DEPARTMENT OF REVENUE

Mailing Address 3600 W BROAD ST STE 160

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.61

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

136.93

SUBTOTAL of Disbursements This Page (optional)

511.31

TOTAL This Period (last page this line number only)

270050.65

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
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<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

JOHN A REGIS, JR

Mailing Address 70 KINGS CT

City
SAN JUAN

State
PR

Zip Code
00911

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

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

Transaction ID: SB28A.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

Schedule B-P

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET SE
ATTN HEATHER MORRIS - LEGAL DIV

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

16500.00

B.

Full Name (Last, First, Middle Initial)

BOYS & GIRLS CLUBS OF METRO PHOENIX

Mailing Address 2645 N 24TH ST

City PHOENIX State AZ Zip Code 85008

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8500.00

C.

Full Name (Last, First, Middle Initial)

BOYS & GIRLS CLUBS OF PRESCOTT

Mailing Address 335 E AUBREY ST

City PRESCOTT State AZ Zip Code 86303

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8000.00

SUBTOTAL of Disbursements This Page (optional)

33000.00

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)

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A. Full Name (Last, First, Middle Initial)
BOYS & GIRLS CLUBS OF TUCSON

Mailing Address PO BOX 40217

City
TUCSON

State
AZ

Zip Code
85717

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

41000.00