

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

1 / 34

<b>1. NAME OF COMMITTEE (in full)</b> MCCAIN-PALIN COMPLIANCE FUND, INC.		<b>2. IDENTIFICATION NUMBER</b> C00446104
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported PO BOX 16664		
<b>CITY, STATE, and ZIP CODE</b> ARLINGTON                      VA                                      22215		<b>3. IS THIS REPORT FOR :</b> <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 type="checkbox"/> July 15 Quarterly Report <input checked="" 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

<b>5. COVERING PERIOD</b>	<b>FROM</b> 07/01/2010	<b>THROUGH</b> 09/30/2010
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<b>SUMMARY</b>	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD .....	17133528.91
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) .....	20295.55
	8. SUBTOTAL (Lines 6 and 7) .....	17153824.46
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	5031289.56
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) .....	12122534.90
	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

<b>NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES</b>	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	435125.04
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	10339583.14

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 <b>Joseph Schmuckler</b>	Date 10/15/2010
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.

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

**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3P)

Name of committee (in full) <b>MCCAIN-PALIN COMPLIANCE FUND, INC.</b>		Report Covering the Period From: 07/01/2010 To: 09/30/2010	
<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
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 .....	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 .....	15.00	637235.96	
(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))	15.00	637235.96	
21. OTHER RECEIPTS (Dividend, Interest, etc.) .....	20280.55	534051.30	
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21) .....	20295.55	7027172.23	
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES .....	226416.93	10976819.10	
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	3800000.00	8469100.00	
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 .....	2569.00	233819.06	
(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)) .....	2569.00	234119.06	
29. OTHER DISBURSEMENTS .....	1002303.63	1187722.23	
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	5031289.56	20867760.39	
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00		

**ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE** 3 / 34  
 (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
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
			<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>

**Schedule A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 4 / 34
	(check only one)	
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JP MORGAN CHASE BANK		Date of Receipt																				
	Mailing Address PO BOX 6076		<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>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	7		3	1		2	0	1	0													
	City	State	Zip Code																				
NEWARK	DE	19714																					
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 13555.72																					
Name of Employer		Occupation	INTEREST EARNING																				
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 280493.15	Transaction ID: SA21.1																				

<b>B.</b>	Full Name (Last, First, Middle Initial) JP MORGAN CHASE BANK		Date of Receipt																				
	Mailing Address PO BOX 6076		<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>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	8		3	0		2	0	1	0													
	City	State	Zip Code																				
NEWARK	DE	19714																					
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 6724.83																					
Name of Employer		Occupation	INTEREST EARNING																				
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 280493.15	Transaction ID: SA21.2																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	20280.55
<b>TOTAL</b> This Period (last page this line number only) .....	▶	20280.55

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TOM ADAMS	Transaction ID: SB23.28 Date of Disbursement 07 / 15 / 2010
	Mailing Address PO BOX 16664	Amount of Each Disbursement this Period 969.35
	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: SB23.29 Date of Disbursement 08 / 15 / 2010
	Mailing Address PO BOX 16664	Amount of Each Disbursement this Period 1500.05
	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: SB23.30 Date of Disbursement 08 / 31 / 2010
	Mailing Address PO BOX 16664	Amount of Each Disbursement this Period 305.64
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	2775.04
<b>TOTAL</b> This Period (last page this line number only) .....	

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>TOM ADAMS</b>	<b>Transaction ID:</b> SB23.31 Date of Disbursement 09 / 15 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON	State VA	Zip Code 22215
	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1240.36	
	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>B.</b>	Full Name (Last, First, Middle Initial) <b>TOM ADAMS</b>	<b>Transaction ID:</b> SB23.32 Date of Disbursement 09 / 30 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON	State VA	Zip Code 22215
	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 874.67	
	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>C.</b>	Full Name (Last, First, Middle Initial) <b>SOFIA AMAYA</b>	<b>Transaction ID:</b> SB23.22 Date of Disbursement 07 / 15 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON	State VA	Zip Code 22215
	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1373.38	
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3488.41</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>SOFIA AMAYA</b>	<b>Transaction ID:</b> SB23.23 Date of Disbursement 07 / 30 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1373.38
	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) <b>SOFIA AMAYA</b>	<b>Transaction ID:</b> SB23.24 Date of Disbursement 08 / 15 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1373.38
	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) <b>SOFIA AMAYA</b>	<b>Transaction ID:</b> SB23.25 Date of Disbursement 08 / 31 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1373.38
	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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4120.14</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>SOFIA AMAYA</b>	<b>Transaction ID:</b> SB23.26 Date of Disbursement 09 / 15 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1373.38
	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) <b>SOFIA AMAYA</b>	<b>Transaction ID:</b> SB23.27 Date of Disbursement 09 / 30 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1373.38
	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) <b>ELLEN BRADLEY</b>	<b>Transaction ID:</b> SB23.10 Date of Disbursement 07 / 15 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1923.63
	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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4670.39</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ELLEN BRADLEY	Transaction ID: SB23.11 Date of Disbursement
	Mailing Address PO BOX 16664	<input type="text" value="07"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="1923.63"/>
	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) ELLEN BRADLEY	Transaction ID: SB23.12 Date of Disbursement
	Mailing Address PO BOX 16664	<input type="text" value="08"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="1923.63"/>
	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) ELLEN BRADLEY	Transaction ID: SB23.13 Date of Disbursement
	Mailing Address PO BOX 16664	<input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="1923.63"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5770.89"/>
<b>TOTAL</b> 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ELLEN BRADLEY</p> <p>Mailing Address PO BOX 16664</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><b>Transaction ID:</b> SB23.14</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1923.63</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ELLEN BRADLEY</p> <p>Mailing Address PO BOX 16664</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><b>Transaction ID:</b> SB23.15</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1923.63</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ELLEN BRADLEY</p> <p>Mailing Address PO BOX 16664</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement TRAVEL</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><b>Transaction ID:</b> SB23.57</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 214.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4061.26

**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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) SALVATORE PURPURA</p> <p>Mailing Address PO BOX 16664</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><b>Transaction ID:</b> SB23.16</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 4699.27</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SALVATORE PURPURA</p> <p>Mailing Address PO BOX 16664</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><b>Transaction ID:</b> SB23.17</p> <p>Date of Disbursement 07 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 4699.27</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) SALVATORE PURPURA</p> <p>Mailing Address PO BOX 16664</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><b>Transaction ID:</b> SB23.18</p> <p>Date of Disbursement 08 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 4699.27</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>14097.81</b>
<b>TOTAL</b> 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.

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>SALVATORE PURPURA</b>	<b>Transaction ID:</b> SB23.19 Date of Disbursement 08 / 31 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	4699.27
	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>B.</b>	Full Name (Last, First, Middle Initial) <b>SALVATORE PURPURA</b>	<b>Transaction ID:</b> SB23.20 Date of Disbursement 09 / 15 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	4699.27
	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>C.</b>	Full Name (Last, First, Middle Initial) <b>SALVATORE PURPURA</b>	<b>Transaction ID:</b> SB23.21 Date of Disbursement 09 / 30 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	4699.27
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>14097.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ADMINISTAFF	Transaction ID: SB23.33 Date of Disbursement
	Mailing Address 19001 CRESCENT SPRINGS DR	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	<input type="text" value="2834.64"/>
	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: SB23.34 Date of Disbursement
	Mailing Address 19001 CRESCENT SPRINGS DR	<input type="text" value="08"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	<input type="text" value="3196.50"/>
	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: SB23.35 Date of Disbursement
	Mailing Address 19001 CRESCENT SPRINGS DR	<input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	<input type="text" value="2580.49"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8611.63"/>
<b>TOTAL</b> 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ADMINISTAFF</p> <p>Mailing Address 19001 CRESCENT SPRINGS DR</p> <p>City KINGWOOD State TX Zip Code 77339</p> <p>Purpose of Disbursement PAYROLL SVC-INSUR-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><b>Transaction ID:</b> SB23.36 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3066.34</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ADMINISTAFF</p> <p>Mailing Address 19001 CRESCENT SPRINGS DR</p> <p>City KINGWOOD State TX Zip Code 77339</p> <p>Purpose of Disbursement PAYROLL SVC-INSUR-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><b>Transaction ID:</b> SB23.37 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2858.85</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ADMINISTAFF</p> <p>Mailing Address 19001 CRESCENT SPRINGS DR</p> <p>City KINGWOOD State TX Zip Code 77339</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><b>Transaction ID:</b> SB23.38 <b>Date of Disbursement</b> 07 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2455.38</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8380.57

**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) ALABAMA DEPARTMENT OF REVENUE	Transaction ID: SB23.39 Date of Disbursement 07 / 15 / 2010
	Mailing Address 50 N RIPLEY	Amount of Each Disbursement this Period 51.16
	City MONTGOMERY State AL Zip Code 36132	
	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:	

B.	Full Name (Last, First, Middle Initial) ALABAMA DEPARTMENT OF REVENUE	Transaction ID: SB23.40 Date of Disbursement 08 / 15 / 2010
	Mailing Address 50 N RIPLEY	Amount of Each Disbursement this Period 85.33
	City MONTGOMERY State AL Zip Code 36132	
	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:	

C.	Full Name (Last, First, Middle Initial) ALABAMA DEPARTMENT OF REVENUE	Transaction ID: SB23.41 Date of Disbursement 08 / 31 / 2010
	Mailing Address 50 N RIPLEY	Amount of Each Disbursement this Period 8.17
	City MONTGOMERY State AL Zip Code 36132	
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	144.66
<b>TOTAL</b> 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)  
ALABAMA DEPARTMENT OF REVENUE

Mailing Address 50 N RIPLEY

City MONTGOMERY State AL Zip Code 36132

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: SB23.42

Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

68.42

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

Mailing Address 50 N RIPLEY

City MONTGOMERY State AL Zip Code 36132

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: SB23.43

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

45.00

**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

07 / 30 / 2010

Amount of Each Disbursement this Period

1716.19

**SUBTOTAL** of Disbursements This Page (optional) .....

1829.61

**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) AT&T	Transaction ID: SBCCD.2 Date of Disbursement 07 / 30 / 2010
	Mailing Address PO BOX 6463	Amount of Each Disbursement this Period 1181.06
	City CAROL STREAM State IL Zip Code 60197	
	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) STAPLES.COM	Transaction ID: SBCCD.3 Date of Disbursement 07 / 30 / 2010
	Mailing Address 500 STAPLES DR	Amount of Each Disbursement this Period 49.83
	City FRAMINGHAM State MA Zip Code 01702	
	Purpose of Disbursement OFFICE SUPPLIES	[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) US AIRWAYS	Transaction ID: SBCCD.1 Date of Disbursement 07 / 30 / 2010
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 485.30
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL	[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>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

### Schedule B-P ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b> <hr/> Mailing Address <b>PO BOX 1270</b> <hr/> City <b>NEWARK</b> State <b>NJ</b> Zip Code <b>07101</b> <hr/> Purpose of Disbursement <b>CREDIT CARD PAYMENT</b> 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) ▼	<b>Transaction ID:</b> SB23CCP.2 <b>Date of Disbursement</b> <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>9</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	9		0	9		2	0	1	0											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>532.70</td> </tr> </table>	532.70																			
532.70																					
Category/ Type																					
<b>B.</b> Full Name (Last, First, Middle Initial) <b>LA QUINTA IN CORRAL SPRINGS</b> <hr/> Mailing Address <b>3701 N UNIVERSITY DR</b> <hr/> City <b>CORAL SPRINGS</b> State <b>FL</b> Zip Code <b>33065</b> <hr/> Purpose of Disbursement <b>TRAVEL</b> 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) ▼	<b>Transaction ID:</b> SBCCD.5 <b>Date of Disbursement</b> <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>9</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	9		0	9		2	0	1	0											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>155.40</td> </tr> </table>	155.40																			
155.40																					
Category/ Type  <b>[MEMO ITEM]</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) <b>PRIMUS</b> <hr/> Mailing Address <b>2094 185TH ST</b> <hr/> City <b>FAIRFIELD</b> State <b>IA</b> Zip Code <b>52556</b> <hr/> Purpose of Disbursement <b>PHONE SERVICE</b> 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) ▼	<b>Transaction ID:</b> SBCCD.6 <b>Date of Disbursement</b> <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>9</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	9		0	9		2	0	1	0											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>352.30</td> </tr> </table>	352.30																			
352.30																					
Category/ Type  <b>[MEMO ITEM]</b>																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>532.70</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**Schedule B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBCCD.4 Date of Disbursement 09 / 09 / 2010
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 25.00
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL	[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 EXPRESS	Transaction ID: SB23CCP.3 Date of Disbursement 09 / 30 / 2010
	Mailing Address PO BOX 1270	Amount of Each Disbursement this Period 296.93
	City NEWARK State NJ Zip Code 07101	
	Purpose of Disbursement CREDIT CARD PAYMENT	[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) AT&T	Transaction ID: SBCCD.7 Date of Disbursement 09 / 30 / 2010
	Mailing Address PO BOX 6463	Amount of Each Disbursement this Period 145.43
	City CAROL STREAM State IL Zip Code 60197	
	Purpose of Disbursement INTERNET 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) ▼	

SUBTOTAL of Disbursements This Page (optional) .....

296.93

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) COMCAST	Transaction ID: SBCCD.8 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1701 JOHN KENNEDY BLVD	Amount of Each Disbursement this Period 151.50
	City PHILADELPHIA State PA Zip Code 19103	
	Purpose of Disbursement INTERNET 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) CAPLIN & DRYSDALE	Transaction ID: SB23.9 Date of Disbursement 09 / 01 / 2010
	Mailing Address ONE THOMAS CIR NW STE 1100	Amount of Each Disbursement this Period 84137.11
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement LEGAL CONSULTING	[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) CHAIN BRIDGE BANK	Transaction ID: SB23.1 Date of Disbursement 07 / 30 / 2010
	Mailing Address 1445-A LAUGHLIN AVE	Amount of Each Disbursement this Period 15.00
	City MCLEAN State VA Zip Code 22101	
	Purpose of Disbursement BANK 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	84152.11
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK</p> <p>Mailing Address 1445-A LAUGHLIN AVE</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement BANK FEE</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><b>Transaction ID:</b> SB23.2</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK</p> <p>Mailing Address 1445-A LAUGHLIN AVE</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement BANK FEE</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><b>Transaction ID:</b> SB23.3</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK</p> <p>Mailing Address 1445-A LAUGHLIN AVE</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement BANK FEE</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><b>Transaction ID:</b> SB23.4</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

45.00

**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) EAGLE BANK	Transaction ID: SB23.5
	Mailing Address 4831 CORDELL AVE	Date of Disbursement MM / DD / YYYY 07 / 31 / 2010
	City BETHESDA State MD Zip Code 20814	Amount of Each Disbursement this Period 47.66
	Purpose of Disbursement BANK FEE	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) EAGLE BANK	Transaction ID: SB23.6
	Mailing Address 4831 CORDELL AVE	Date of Disbursement MM / DD / YYYY 08 / 31 / 2010
	City BETHESDA State MD Zip Code 20814	Amount of Each Disbursement this Period 32.42
	Purpose of Disbursement BANK FEE	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) EAGLE BANK	Transaction ID: SB23.7
	Mailing Address 4831 CORDELL AVE	Date of Disbursement MM / DD / YYYY 09 / 30 / 2010
	City BETHESDA State MD Zip Code 20814	Amount of Each Disbursement this Period 32.38
	Purpose of Disbursement BANK FEE	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>112.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HUCKABY DAVIS LISKER	Transaction ID: SB23.8 Date of Disbursement
	Mailing Address 228 S WASHINGTON ST STE 115	<input type="text" value="09"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="40000.00"/>
	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) INTERNAL REVENUE SERVICE	Transaction ID: SB23.44 Date of Disbursement
	Mailing Address 1111 CONSTITUTION AVE NW	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="3998.89"/>
	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: SB23.45 Date of Disbursement
	Mailing Address 1111 CONSTITUTION AVE NW	<input type="text" value="07"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="3896.95"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="47895.84"/>
<b>TOTAL</b> 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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>INTERNAL REVENUE SERVICE</b>	<b>Transaction ID:</b> SB23.46 Date of Disbursement																				
	Mailing Address 1111 CONSTITUTION AVE NW	<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>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y												
	0	8		1	5		2	0	1	0												
City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period																					
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) ▼	<table border="1"><tr><td>4</td><td>0</td><td>6</td><td>5</td><td>.</td><td>3</td><td>1</td></tr></table> Category/Type	4	0	6	5	.	3	1														
4	0	6	5	.	3	1																
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>INTERNAL REVENUE SERVICE</b>	<b>Transaction ID:</b> SB23.47 Date of Disbursement																				
	Mailing Address 1111 CONSTITUTION AVE NW	<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>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y												
	0	8		3	1		2	0	1	0												
City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period																					
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) ▼	<table border="1"><tr><td>3</td><td>9</td><td>2</td><td>4</td><td>.</td><td>7</td><td>5</td></tr></table> Category/Type	3	9	2	4	.	7	5														
3	9	2	4	.	7	5																
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>INTERNAL REVENUE SERVICE</b>	<b>Transaction ID:</b> SB23.48 Date of Disbursement																				
	Mailing Address 1111 CONSTITUTION AVE NW	<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>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y												
	0	9		1	5		2	0	1	0												
City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period																					
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) ▼	<table border="1"><tr><td>4</td><td>0</td><td>3</td><td>0</td><td>.</td><td>8</td><td>3</td></tr></table> Category/Type	4	0	3	0	.	8	3														
4	0	3	0	.	8	3																

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**12020.89**

**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 25 / 34

<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

Transaction ID: SB23.49  
Date of Disbursement

Mailing Address 1111 CONSTITUTION AVE NW

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

City WASHINGTON State DC Zip Code 20224

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL TAXES

Category/  
Type

3988.08
---------

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2008  Primary  General  Other (specify) ▼  
 State: District:

B.

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

Transaction ID: SB23.50  
Date of Disbursement

Mailing Address 3600 W BROAD ST STE 160

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	0

City RICHMOND State VA Zip Code 23230

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL TAXES

Category/  
Type

237.45
--------

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2008  Primary  General  Other (specify) ▼  
 State: District:

C.

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

Transaction ID: SB23.51  
Date of Disbursement

Mailing Address 3600 W BROAD ST STE 160

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	0

City RICHMOND State VA Zip Code 23230

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL TAXES

Category/  
Type

237.45
--------

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2008  Primary  General  Other (specify) ▼  
 State: District:

SUBTOTAL of Disbursements This Page (optional) .....

4462.98
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TOTAL This Period (last page this line number only) .....

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**Schedule B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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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.

<p><b>A.</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><b>Transaction ID:</b> SB23.52 <b>Date of Disbursement</b> 08 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 237.45</p>
<p><b>B.</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><b>Transaction ID:</b> SB23.53 <b>Date of Disbursement</b> 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 237.45</p>
<p><b>C.</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><b>Transaction ID:</b> SB23.54 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 237.45</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

712.35

**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.

<p><b>A.</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><b>Transaction ID:</b> SB23.55</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 237.45</p>
<p><b>B.</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><b>Transaction ID:</b> SB23.56</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3900.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4137.45

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

226416.93

# 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 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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN <hr/> Mailing Address PO BOX 16664 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement TRANSFER TO AUTHORIZED COMMITTEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB24.1 Date of Disbursement 07 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 625000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN <hr/> Mailing Address PO BOX 16664 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement TRANSFER TO AUTHORIZED COMMITTEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB24.2 Date of Disbursement 07 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 525000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN <hr/> Mailing Address PO BOX 16664 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement TRANSFER TO AUTHORIZED COMMITTEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB24.3 Date of Disbursement 07 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 525000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1675000.00

**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 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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN	Transaction ID: SB24.4 Date of Disbursement
	Mailing Address PO BOX 16664	<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement TRANSFER TO AUTHORIZED COMMITTEE	<input type="text" value="525000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN	Transaction ID: SB24.5 Date of Disbursement
	Mailing Address PO BOX 16664	<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement TRANSFER TO AUTHORIZED COMMITTEE	<input type="text" value="600000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN	Transaction ID: SB24.6 Date of Disbursement
	Mailing Address PO BOX 16664	<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement TRANSFER TO AUTHORIZED COMMITTEE	<input type="text" value="925000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="205000.00"/>
<b>TOTAL</b> 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)

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<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

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

A.

Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN MCCAIN

Transaction ID: SB24.7

Date of Disbursement

Mailing Address PO BOX 16664

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	0

City ARLINGTON State VA Zip Code 22215

Amount of Each Disbursement this Period

75000.00
----------

Purpose of Disbursement  
TRANSFER TO AUTHORIZED COMMITTEE

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

75000.00
----------

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

380000.00
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# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PAUL CORBAN</b>	<b>Transaction ID:</b> SB28A.3 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0	
	Mailing Address 108 GRATITUDE DR		
	City COVINGTON State LA Zip Code 70433	Amount of Each Disbursement this Period	100.00
	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:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MICHAEL HAMM</b>	<b>Transaction ID:</b> SB28A.4 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 1 0	
	Mailing Address 2686 WEYMOTH RD		
	City WINSTON SALEM State NC Zip Code 27103	Amount of Each Disbursement this Period	119.00
	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:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>DONALD HERBERT</b>	<b>Transaction ID:</b> SB28A.1 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0	
	Mailing Address 5700 STONERIDGE MALL RD		
	City PLEASANTON State CA Zip Code 94588	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2519.00</b>
<b>TOTAL</b> 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 32 / 34

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

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

A.	Full Name (Last, First, Middle Initial) EARL SCHALIN		Transaction ID: SB28A.2	
	Mailing Address 11002 E SUNNYDALE DR		Date of Disbursement 08 / 02 / 2010	
	City SUN LAKES	State AZ	Zip Code 85248	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement CONTRIBUTION REFUND		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) ..... ▶

50.00

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

2569.00



# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
CHURCH AT LARGE

Transaction ID: SB29.3  
Date of Disbursement

Mailing Address ATTN: GARY KINNAMAN

/   /

City State Zip Code  
GILBERT AZ 85296

Amount of Each Disbursement this Period

Purpose of Disbursement  
VOID CHECK

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

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

Transaction ID: SB29.4  
Date of Disbursement

Mailing Address PO BOX 6076

/   /

City State Zip Code  
NEWARK DE 19714

Amount of Each Disbursement this Period

Purpose of Disbursement  
INVESTMENT INTEREST EXPENSE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
LIFEPOINT CHRISTIAN FELLOWSHIP

Transaction ID: SB29.1  
Date of Disbursement

Mailing Address PO BOX 567

/   /

City State Zip Code  
QUEEN CREEK AZ 85242

Amount of Each Disbursement this Period

Purpose of Disbursement  
CHARITABLE DONATION

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)

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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)  
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Transaction ID: SB29.2

Date of Disbursement

Mailing Address 425 2ND ST NE

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

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

1000000.00
------------

Purpose of Disbursement  
TRANSFER

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 010"  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1000000.00

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

1002303.63