

# Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9725 / 12699

(check only one)

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

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

NAME OF COMMITTEE (In Full)

MCCAIN-PALIN COMPLIANCE FUND, INC.

A.

Full Name (Last, First, Middle Initial)

DR. KIRWAN T. MACMILLAN

Mailing Address

5 PARISH SQUARE

City

ATKINSON

State

NH

Zip Code

03811-2465

FEC ID number of contributing  
federal political committee.

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Amount of Each Receipt this Period

50.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2842525

B.

Full Name (Last, First, Middle Initial)

MR. PAUL S. MACMICHAEL

Mailing Address

10901 176TH CIRCLE NE #218B

City

REDMOND

State

WA

Zip Code

98052-7218

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Amount of Each Receipt this Period

2000.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2624749

C.

Full Name (Last, First, Middle Initial)

MRS. DIFEN MACMORRES

Mailing Address

321 13TH STREET

P.O. BOX 371355

City

MONTARA

State

CA

Zip Code

94037-1355

FEC ID number of contributing  
federal political committee.

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Amount of Each Receipt this Period

100.00

TRANSFER

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Transaction ID: SA17A.2729207

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

0.00

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