



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ORRINPAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		63136.16
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	182024.61									
(c) Total Receipts (from Line 19) .....	50850.00	328195.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	232874.61	391331.66								
7. Total Disbursements (from Line 31) .....	45342.73	203799.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	187531.88	187531.88								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
ORRINPAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	16750.00	158770.00
(ii) Unitemized .....	100.00	40175.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16850.00	198945.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	34000.00	129250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	50850.00	328195.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	50850.00	328195.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	50850.00	328195.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	35342.73	98799.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	35342.73	98799.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	105000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	45342.73	203799.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45342.73	203799.78

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	50850.00	328195.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50850.00	328195.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35342.73	98799.78
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35342.73	98799.78

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
ORRINPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID W. ADAMS	Date of Receipt MM / DD / YYYY 05 / 06 / 2010
	Mailing Address 2832 WOODBURY CIR	<b>Transaction ID:</b> 00511.C3677
	City State Zip Code SAINT GEORGE UT 84770	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation SELF EMPLOYED REAL ESTATE INVESTMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) A. WILLIAM ALLEN III	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 4400 W. CULBREATH AVE	<b>Transaction ID:</b> 00518.C3691
	City State Zip Code TAMPA FL 33609-4204	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation OUTBACK STEAKHOUSE RESTAURANT EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) SAMUEL E. BEALL	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 5032 LYONS VIEW PK	<b>Transaction ID:</b> 00518.C3695
	City State Zip Code KNOXVILLE TN 37919	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation N/A RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.**

Full Name (Last, First, Middle Initial)  
JEFFREY BENSING

Mailing Address 3475 SOUTHAMPTON DR

City State Zip Code  
RENO NV 89509-3867

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

Name of Employer Occupation  
NRSC EXECUTIVE DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 00511.C3670

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
DAVID A. BOCKORNY

Mailing Address 1101 16TH ST, STE 500

City State Zip Code  
WASHINGTON DC 20036

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

Name of Employer Occupation  
BOCKORNY GROUP LEGISLATIVE COUNSEL

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 00511.C3671

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
JEFF BROIN

Mailing Address 809 W. 3RD ST

City State Zip Code  
DELL RAPIDS SD 57022

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

Name of Employer Occupation  
POET CORPORATION CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: 00603.C3702

Amount of Each Receipt this Period

2000.00

Receipt

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

3500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
KEVIN J. BROWN

Mailing Address 431 ABBOTSFORD RD

City State Zip Code  
KENILWORTH IL 60043

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

Name of Employer Occupation  
LETTUCE ENTERTAIN YOU RESTAURANT EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: 00518.C3692

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
CHARLES E. CROWDERS

Mailing Address 19916 MIZNER TERR

City State Zip Code  
ASHBURN VA 20147-5253

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

Name of Employer Occupation  
BOCKORNY GROUP EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 1 0

Transaction ID: 00511.C3672

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
THEODORE M. FOWLER

Mailing Address 13520 DURANT RD

City State Zip Code  
RALEIGH NC 27614-8321

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

Name of Employer Occupation  
GOLDEN CORRAL RESTAURANT EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: 00518.C3690

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) RAYMOND L. GOODSON		Date of Receipt MM / DD / YYYY 05 / 06 / 2010
	Mailing Address 3008 FALLENTINE RD		Transaction ID: 00511.C3678
	City SANDY	State UT	Zip Code 84093-2002
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer 3 FORM INC.	Occupation EXECUTIVE	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JEANNE N. HALL		Date of Receipt MM / DD / YYYY 05 / 06 / 2010
	Mailing Address 4421 SOUTH 1800 WEST		Transaction ID: 00511.C3679
	City ROY	State UT	Zip Code 84067
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer N/A	Occupation HOMEMAKER	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DAN E. JAMES		Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 5141 RIDGEDALE DR.		Transaction ID: 00603.C3698
	City OGDEN	State UT	Zip Code 84403
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer JAMES & CO.	Occupation CPA	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ORRINPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) L. SCOTT LEISHMAN	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 1189 EAST 1650 SOUTH	<b>Transaction ID:</b> 00603.C3699
	City State Zip Code BOUNTIFUL UT 84010	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer REPUBLIC MORTGAGE HOME LOANS	Occupation MORTGAGE BANKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DIANE MACPHERSON MAJOR	Date of Receipt MM / DD / YYYY 05 / 05 / 2010
	Mailing Address 2232 WESTWOOD PL	<b>Transaction ID:</b> 00511.C3673
	City State Zip Code FALLS CHURCH VA 22043	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer BOCKORNY GROUP	Occupation EXCAVATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) L. S. RIVERA	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address P. O. BOX 49165	<b>Transaction ID:</b> 00518.C3696
	City State Zip Code SARASOTA FL 34230-6165	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer N/A	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) STEVEN D. TEW		Date of Receipt
	Mailing Address 2654 DAYBREAKER DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	City	State	Zip Code
	PARK CITY	UT	84098
	FEC ID number of contributing federal political committee.		Transaction ID: 00511.C3680
Name of Employer 4Life Research		Occupation PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) AMANDA ROGERS THORPE		Date of Receipt
	Mailing Address 217 9TH ST, NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 5 / 2 0 1 0
	City	State	Zip Code
	WASHINGTON	DC	20002
	FEC ID number of contributing federal political committee.		Transaction ID: 00511.C3674
Name of Employer US HOUSE OF REPRESENTATIVES		Occupation LEGISLATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 16750.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 22  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN CHEMISTRY COUNCIL PAC

Mailing Address 1300 WILSON BLVD

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00252338

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** 00603.C3700

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 SEVENTH ST, NW

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** 00603.C3701

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
CAREMARK RX INC EMPLOY PAC

Mailing Address 1300 I STREET, NW, STE 525 W

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2010

**Transaction ID:** 00511.C3683

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 22
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ORRINPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) CHICAGO BOARD OPTIONS EXCHANGE PAC	Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address 400 S. LASALLE ST	<b>Transaction ID:</b> 00511.C3684
	City State Zip Code CHICAGO IL 60605	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00100693	Receipt
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) DIRECTV GROUP INC. FUND - FEDERAL	Date of Receipt MM / DD / YYYY 05 / 05 / 2010
	Mailing Address 901 F ST, NW, STE 600	<b>Transaction ID:</b> 00511.C3675
	City State Zip Code WASHINGTON DC 20004	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00331991	Receipt
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) DUPONT GOOD GOVERNMENT FUND	Date of Receipt MM / DD / YYYY 05 / 25 / 2010
	Mailing Address 1007 MARKET ST BMP30-1318	<b>Transaction ID:</b> 00603.C3703
	City State Zip Code WILMINGTON DE 19898	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00171926	Receipt
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 22  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.**

Full Name (Last, First, Middle Initial) ELI LILLY AND COMPANY PAC		Date of Receipt MM / DD / YYYY 05 / 04 / 2010
Mailing Address LILLY CORPORATE CENTER DROP CODE 1014		Transaction ID: 00511.C3682
City INDIANAPOLIS	State IN	Zip Code 46285
FEC ID number of contributing federal political committee. <b>C</b> C00082792		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) NAHU POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 05 / 18 / 2010
Mailing Address P. O. BOX 20865		Transaction ID: 00518.C3688
City INDIANAPOLIS	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. <b>C</b> C00283135		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**C.**

Full Name (Last, First, Middle Initial) NEW YORK LIFE INS. PAC		Date of Receipt MM / DD / YYYY 05 / 25 / 2010
Mailing Address 51 MADISON AVE, RM 1109		Transaction ID: 00603.C3704
City NEW YORK	State NY	Zip Code 10010
FEC ID number of contributing federal political committee. <b>C</b> C00158881		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 22  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.**

Full Name (Last, First, Middle Initial) OSI RESTAURANT PARTNERS, LLC PAC		Date of Receipt MM / DD / YYYY 05 / 17 / 2010
Mailing Address 2202 N. WEST SHORE BLVD, 5TH FLR		Transaction ID: 00518.C3693
City TAMPA	State FL	Zip Code 33607
FEC ID number of contributing federal political committee. <b>C</b> C00253153		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) PFIZER PAC		Date of Receipt MM / DD / YYYY 05 / 03 / 2010
Mailing Address 235 EAST 42ND STREET		Transaction ID: 00511.C3669
City NEW YORK	State NY	Zip Code 10017
FEC ID number of contributing federal political committee. <b>C</b> C00016683		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) PORK PAC		Date of Receipt MM / DD / YYYY 05 / 11 / 2010
Mailing Address P. O. BOX 20383		Transaction ID: 00511.C3685
City DES MOINES	State IA	Zip Code 50306-1776
FEC ID number of contributing federal political committee. <b>C</b> C00201871		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 / 22

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.**

Full Name (Last, First, Middle Initial)  
SANOFI-AVENTIS EMPLOYEES PAC

Mailing Address 300 SOMERSET CORPORATE BLVD  
MAIL STOP : SC3-125A

City State Zip Code  
BRIDGEWATER NJ 08807-2854

FEC ID number of contributing federal political committee. **C** C00144345

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: 00511.C3681

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
THE CHUBB CORPORATION PAC - CHUBBPAC

Mailing Address 15 MOUNTAIN VIEW ROAD

City State Zip Code  
WARREN NJ 07059

FEC ID number of contributing federal political committee. **C** C00229203

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

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

Transaction ID: 00511.C3676

Amount of Each Receipt this Period

2500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
UNITED STATES TELECOM ASSN PAC

Mailing Address 607 14TH ST, NW, STE 400

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000984

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: 00518.C3689

Amount of Each Receipt this Period

1000.00

Receipt

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

4500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 22	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) ORRINPAC
---

<b>A.</b>	Full Name (Last, First, Middle Initial) WENDYS ARBY GROUP PAC	Date of Receipt
	Mailing Address 4288 W. DUBLIN GRANVILLE RD	<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City State Zip Code DUBLIN OH 43017	<b>Transaction ID:</b> 00518.C3694
	FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00369090"/>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
	Name of Employer Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="34000.00"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ORRINPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Autumn E-Media</p> <p>Mailing Address PO Box 371553</p> <p>City LAS VEGAS State NV Zip Code 89137-</p> <p>Purpose of Disbursement Pac consulting</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00603.E2124 <b>Date of Disbursement</b> 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1362.00</p> <p>PAC CONSULTING</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CBIZ MHM, LLC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101-</p> <p>Purpose of Disbursement Accounting fees</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00603.E2126 <b>Date of Disbursement</b> 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 7684.63</p> <p>ACCOUNTING FEES</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) E. H. MURRAY GROUP, LLC</p> <p>Mailing Address 6510 ANNA MARIE COURT</p> <p>City MC LEAN State VA Zip Code 22101-</p> <p>Purpose of Disbursement Pac consulting</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00603.E2127 <b>Date of Disbursement</b> 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 16462.00</p> <p>PAC CONSULTING</p>

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

25508.63

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
MR. MAC

Mailing Address 36 SOUTH STATE STREET #201

City SALT LAKE CITY State UT Zip Code 84111-

Purpose of Disbursement Fundraising event gifts

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** 00603.E2129  
**Date of Disbursement:** 05 / 17 / 2010

Amount of Each Disbursement this Period: 2205.00

Category/Type: FUNDRAISING EVENT GIFTS

**B.** Full Name (Last, First, Middle Initial)  
NORTH CAPITOL STREET ENTERPRISES

Mailing Address 400 N. CAPITOL ST, NW, STE 585

City WASHINGTON State DC Zip Code 20001-

Purpose of Disbursement Office rent and phone

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** 00603.E2130  
**Date of Disbursement:** 05 / 17 / 2010

Amount of Each Disbursement this Period: 1942.66

Category/Type: OFFICE RENT AND PHONE

**C.** Full Name (Last, First, Middle Initial)  
NORTHCIRCLE, LLC

Mailing Address 552 WEST 925 NORTH CIRCLE

City CENTERVILLE State UT Zip Code 84014-

Purpose of Disbursement Pac consulting and expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** 00603.E2137  
**Date of Disbursement:** 05 / 03 / 2010

Amount of Each Disbursement this Period: 804.04

Category/Type: PAC CONSULTING AND EXPENSES

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 4951.70

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ORRINPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) OCTOBER, INC.</p> <p>Mailing Address 11445 DIVELY AVENUE</p> <p>City LAS VEGAS State NV Zip Code 89138-</p> <p>Purpose of Disbursement Email &amp; website management</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00603.E2131 <b>Date of Disbursement:</b> 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1690.40</p> <p>EMAIL &amp; WEBSITE MANAGEMENT</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) POLITICAL FINANCIAL CONSULTANTS</p> <p>Mailing Address 9060 S ENCHANTED OAK LANE</p> <p>City SANDY State UT Zip Code 84094-</p> <p>Purpose of Disbursement Pac financial consulting</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00603.E2132 <b>Date of Disbursement:</b> 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1195.00</p> <p>PAC FINANCIAL CONSULTING</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) RootsHQ, LLC</p> <p>Mailing Address 211 7th Avenue North Suite LL-15</p> <p>City NASHVILLE State TN Zip Code 37219-</p> <p>Purpose of Disbursement Pac consulting</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00603.E2133 <b>Date of Disbursement:</b> 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 198.00</p> <p>PAC CONSULTING</p>

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

3083.40

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A. SPECIALTY APPAREL & PROMOTION**

Full Name (Last, First, Middle Initial)

Mailing Address 890 WEST ROBINSON DRIVE, STE G

City NORTH SALT LAKE State UT Zip Code 84054-

Purpose of Disbursement  
Shirts for golf tourney

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 00603.E2134

Date of Disbursement

05 / 03 / 2010

Amount of Each Disbursement this Period

1313.31

SHIRTS FOR GOLF TOURNEY

**B. THE MONOCLE**

Full Name (Last, First, Middle Initial)

Mailing Address 107 D STREET, N.W.

City WASHINGTON State DC Zip Code 20002-

Purpose of Disbursement  
Pac luncheon

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 00603.E2135

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

441.50

PAC LUNCHEON

**C. ZIONS BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 310 SOUTH MAIN ST

City SALT LAKE CITY State UT Zip Code 84101-

Purpose of Disbursement  
Service charge

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 00603.E2136

Date of Disbursement

05 / 10 / 2010

Amount of Each Disbursement this Period

44.19

SERVICE CHARGE

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

1799.00

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

35342.73

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ORRINPAC

A.

Full Name (Last, First, Middle Initial)  
CARLY FOR CALIFORNIA

Mailing Address 455 CAPITOL MALL, SUITE 801

City State Zip Code  
SACRAMENTO CA 95814-

Purpose of Disbursement  
CONTRIBUTION TO GENERAL

Candidate Name  
CARLY FIORINA

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 00

Transaction ID: 00603.E2125

Date of Disbursement

05 / 28 / 2010

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO GENERAL

B.

Full Name (Last, First, Middle Initial)  
FRIENDS OF ROY BLUNT

Mailing Address PO BOX 50100

City State Zip Code  
SPRINGFIELD MO 65805-

Purpose of Disbursement  
CONTRIBUTION TO GENERAL

Candidate Name  
ROY BLUNT

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MO District: 00

Transaction ID: 00603.E2128

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO GENERAL

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

10000.00

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

10000.00