



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

Write or Type Committee Name  
ORRINPAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		146667.45
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	57584.78									
(c) Total Receipts (from Line 19) .....	32150.00	155167.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	89734.78	301835.29								
7. Total Disbursements (from Line 31) .....	37093.03	249193.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	52641.75	52641.75								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
ORRINPAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	5000.00	40550.00
(ii) Unitemized .....	1150.00	8781.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6150.00	49331.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	26000.00	105500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	32150.00	154831.50
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	336.34
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)) .....	32150.00	155167.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32150.00	155167.84

**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.....	29593.03	164693.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	29593.03	164693.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	67500.00
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	17000.00
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))..	37093.03	249193.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37093.03	249193.54

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	32150.00	154831.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32150.00	154831.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	29593.03	164693.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	29593.03	164693.54

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

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

FOR LINE NUMBER: PAGE 6 / 14  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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

**A.** Full Name (Last, First, Middle Initial)  
ADVANCED MEDICAL TECHNOLOGY ASSN PAC

Mailing Address 701 PENNSYLVANIA AVE, NW, STE 800

City State Zip Code  
WASHINGTON DC 20004-2654

FEC ID number of contributing federal political committee. **C** C00340356

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  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** 91019.C2484

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
AZ PAC

Mailing Address 1800 CONCORD PIKE  
P. O. BOX 15438

City State Zip Code  
WILMINGTON DE 19850-5438

FEC ID number of contributing federal political committee. **C** C00279455

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  
1 0 / 0 7 / 2 0 0 9

**Transaction ID:** 91019.C2469

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
BAXTER HEALTHCARE CORPORATION PAC

Mailing Address 1501 K STREET, NW, STE 375

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00117838

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  
1 0 / 0 7 / 2 0 0 9

**Transaction ID:** 91019.C2467

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

**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 7 / 14  
(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)  
BLUE CROSS & BLUE SHIELD ASSOC. PAC

Mailing Address 1310 G STREET, NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2009

**Transaction ID:** 91113.C2486

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City State Zip Code  
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 07 / 2009

**Transaction ID:** 91019.C2468

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
DLA PIPER PAC

Mailing Address 500 8TH STREET, NW

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** 91019.C2470

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

**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: <span style="float: right;">PAGE 8 / 14</span>
	(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) HCR MANOR CARE PAC		Date of Receipt MM / DD / YYYY 10 / 13 / 2009
Mailing Address 333 SUMMIT STREET P. O. BOX 10086		Transaction ID: 91019.C2471
City TOLEDO	State OH	Zip Code 43699-0086
FEC ID number of contributing federal political committee. <b>C</b> C00260141		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

**B.**

Full Name (Last, First, Middle Initial) SUN HEALTHCARE PAC		Date of Receipt MM / DD / YYYY 10 / 13 / 2009
Mailing Address 101 SUN AVENUE, N.E.		Transaction ID: 91019.C2485
City ALBUQUERQUE	State NM	Zip Code 87109-4373
FEC ID number of contributing federal political committee. <b>C</b> C00398826		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>26000.00</b>

**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 / 14
	<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) CORIE CHAN	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 175 S. WEST TEMPLE, STE 650	<b>Transaction ID:</b> 91113.C2497
	City State Zip Code SALT LAKE CITY UT 84101	Amount of Each Receipt this Period 335.10
	FEC ID number of contributing federal political committee. C	Memo
	Name of Employer Occupation CBIZ MHM LLC Campaign Finance Specialist	<b>[MEMO ITEM]</b> NOTE: Exempt accounting
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) WINNY MUGWEH	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 175 S. WEST TEMPLE, STE 650	<b>Transaction ID:</b> 91113.C2498
	City State Zip Code SALT LAKE CITY UT 84101	Amount of Each Receipt this Period 328.00
	FEC ID number of contributing federal political committee. C	Memo
	Name of Employer Occupation CBIZ MHM LLC Campaign Finance Associate	<b>[MEMO ITEM]</b> NOTE: Exempt accounting
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ALAN G. ROSENBLOOM	Date of Receipt MM / DD / YYYY 10 / 13 / 2009
	Mailing Address 608 NORTHLAWN DRIVE	<b>Transaction ID:</b> 91019.C2472
	City State Zip Code LANCASTER PA 17603	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation ALLIANCE FOR QUALITY NURSING PRESIDENT	
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) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	5000.00

**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)

<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)  
Autumn E-Media

Mailing Address PO Box 371553

City LAS VEGAS State NV Zip Code 89137-

Purpose of Disbursement  
Pac consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 91113.E2027  
Date of Disbursement 10 / 28 / 2009

Amount of Each Disbursement this Period  
500.00

Category/Type  
PAC CONSULTING

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM B. CANFIELD

Mailing Address C/O UTRECHT & PHILLIPS, PLLC  
1900 M STREET, NW, STE 500

City WASHINGTON State DC Zip Code 20036-

Purpose of Disbursement  
Legal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 91113.E2038  
Date of Disbursement 10 / 28 / 2009

Amount of Each Disbursement this Period  
7500.00

Category/Type  
LEGAL FEES

**C.** Full Name (Last, First, Middle Initial)  
E. H. MURRAY GROUP, LLC

Mailing Address 6510 ANNA MARIE COURT

City MC LEAN State VA Zip Code 22101-

Purpose of Disbursement  
Pac consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 91113.E2031  
Date of Disbursement 10 / 28 / 2009

Amount of Each Disbursement this Period  
10350.00

Category/Type  
PAC CONSULTING

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 18350.00

**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.** Full Name (Last, First, Middle Initial)  
LIZ MURRAY

Mailing Address 6510 ANNA MARIA COURT

City MC LEAN State VA Zip Code 22101-

Purpose of Disbursement Reimbursement see below

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 91113.E2029  
Date of Disbursement 10 / 28 / 2009

Amount of Each Disbursement this Period 975.00

REIMBURSEMENT SEE BELOW

**B.** Full Name (Last, First, Middle Initial)  
JOHNNYS HALFSHELL

Mailing Address 400 N CAPITOL STREET NW STE. 175

City WASHINGTON State DC Zip Code 20001-

Purpose of Disbursement Pac event food

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 91113.E2030  
Date of Disbursement 10 / 14 / 2009

Amount of Each Disbursement this Period 975.00

[MEMO ITEM]  
MEMO: PAC EVENT FOOD

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL POLITICAL ASSOCIATES

Mailing Address P.O. BOX 2204

City WASHINGTON State DC Zip Code 20013-

Purpose of Disbursement Pac consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 91113.E2033  
Date of Disbursement 10 / 20 / 2009

Amount of Each Disbursement this Period 8000.00

PAC CONSULTING

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 8975.00

**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) North Capitol Street Enterprises</p> <p>Mailing Address 400 North Capitol Street, NW Suite 585</p> <p>City WASHINGTON State DC Zip Code 20001-</p> <p>Purpose of Disbursement Office rent and phone</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> 91113.E2034 <b>Date of Disbursement</b> 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 905.08</p> <p>OFFICE RENT AND PHONE</p>
<p><b>B.</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> 91113.E2035 <b>Date of Disbursement</b> 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 900.00</p> <p>EMAIL &amp; WEBSITE MANAGEMENT</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> 91113.E2036 <b>Date of Disbursement</b> 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 99.00</p> <p>PAC CONSULTING</p>

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

1904.08

**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 13 / 14

<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) THE MONOCLE	Transaction ID: 91113.E2037
	Mailing Address 107 D STREET, N.W.	Date of Disbursement 10 / 01 / 2009
	City WASHINGTON State DC Zip Code 20002-	Amount of Each Disbursement this Period 320.00
	Purpose of Disbursement Pac luncheon	PAC LUNCHEON
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ZIONS BANK	Transaction ID: 91113.E2039
	Mailing Address 310 SOUTH MAIN ST	Date of Disbursement 10 / 13 / 2009
	City SALT LAKE CITY State UT Zip Code 84101-	Amount of Each Disbursement this Period 43.95
	Purpose of Disbursement Merchant fees	MERCHANT FEES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....	363.95
TOTAL This Period (last page this line number only) .....	29593.03

**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)

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<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

<b>A.</b> Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND Mailing Address P. O. BOX 133 City WILMINGTON State DE Zip Code 19899- Purpose of Disbursement DONATION Candidate Name MICHAEL N CASTLE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91113.E2028 Date of Disbursement 10 / 15 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type DONATION
	Full Name (Last, First, Middle Initial) FRIENDS OF DAVID HARMER, INC. Mailing Address 500 YGNACIO VALLEY ROAD, SUITE 360 City WALNUT CREEK State CA Zip Code 94596- Purpose of Disbursement DONATION Candidate Name DAVID HARMER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10 Disbursement For: Run-Off 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 2500.00	Category/ Type DONATION

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

7500.00

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

7500.00