



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Orner for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8336.11	71091.54
(b) Total Contribution Refunds (from Line 20(d)) .....	41081.23	41081.23
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-32745.12	30010.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	8366.11	29447.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8366.11	29447.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	543.24	
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	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**Orner for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	14392.23
(ii) Unitemized.....	0.00	2689.00
(iii) TOTAL of contributions from individuals ▶	0.00	17081.23
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	8336.11	54010.31
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8336.11	71091.54
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	37.69	44.37
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	8373.80	71135.91

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8366.11	29447.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	41081.23	41081.23
(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 20(a), (b), and (c)).....	41081.23	41081.23
21. OTHER DISBURSEMENTS .....	0.00	63.48
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	49447.34	70592.67

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	41616.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8373.80
25. SUBTOTAL (add Line 23 and Line 24).....	49990.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	49447.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	543.24

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David Scott Orner**

Mailing Address 38 Intervale Road

City Darien State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C H2CT04050**

Name of Employer CIT Occupation Finance

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**45913.06**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 05 / 2012**

**Transaction ID : SA11D.4358**

Amount of Each Receipt this Period  
**238.86**

In-kind - Courtyard Marriott

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David Scott Orner**

Mailing Address 38 Intervale Road

City Darien State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C H2CT04050**

Name of Employer CIT Occupation Finance

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**45944.12**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 05 / 2012**

**Transaction ID : SA11D.4359**

Amount of Each Receipt this Period  
**31.06**

In-kind - Napa & Company

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David Scott Orner**

Mailing Address 38 Intervale Road

City Darien State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C H2CT04050**

Name of Employer CIT Occupation Finance

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**46094.12**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 06 / 2012**

**Transaction ID : SA11D.4360**

Amount of Each Receipt this Period  
**150.00**

In-kind - Netboots - website

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

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

**419.92**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

Full Name (Last, First, Middle Initial) <b>Mr. David Scott Orner</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 13 / 2012	
Mailing Address 38 Intervale Road		<b>Transaction ID : SA11D.4361</b>	
City Darien State CT Zip Code 06820	Amount of Each Receipt this Period 2500.00 In-kind - Preston Group - press		
FEC ID number of contributing federal political committee. C H2CT04050	Name of Employer Occupation CIT Finance		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 48594.12		

Full Name (Last, First, Middle Initial) <b>Mr. David Scott Orner</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 04 / 2012	
Mailing Address 38 Intervale Road		<b>Transaction ID : SA11D.4362</b>	
City Darien State CT Zip Code 06820	Amount of Each Receipt this Period 2500.00 In-kind - Preston Group - press		
FEC ID number of contributing federal political committee. C H2CT04050	Name of Employer Occupation CIT Finance		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 51094.12		

Full Name (Last, First, Middle Initial) <b>Mr. David Scott Orner</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 08 / 2012	
Mailing Address 38 Intervale Road		<b>Transaction ID : SA11D.4363</b>	
City Darien State CT Zip Code 06820	Amount of Each Receipt this Period 150.00 In-kind - Netboots - website		
FEC ID number of contributing federal political committee. C H2CT04050	Name of Employer Occupation CIT Finance		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 51244.12		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5150.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David Scott Orner**

Mailing Address 38 Intervale Road

City Darien State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C H2CT04050**

Name of Employer CIT Occupation Finance

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**51293.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 08 / 2012**

**Transaction ID : SA11D.4364**

Amount of Each Receipt this Period  
**49.48**

In-kind - Brasitas

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David Scott Orner**

Mailing Address 38 Intervale Road

City Darien State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C H2CT04050**

Name of Employer CIT Occupation Finance

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**51305.09**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 10 / 2012**

**Transaction ID : SA11D.4365**

Amount of Each Receipt this Period  
**11.49**

In-kind - Marc's Rowayton Market

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David Scott Orner**

Mailing Address 38 Intervale Road

City Darien State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C H2CT04050**

Name of Employer CIT Occupation Finance

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**51455.09**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 05 / 2012**

**Transaction ID : SA11D.4366**

Amount of Each Receipt this Period  
**150.00**

In-kind - Netboots - website

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>210.97</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David Scott Orner**

Mailing Address 38 Intervale Road

City Darien State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C H2CT04050**

Name of Employer CIT Occupation Finance

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**53955.09**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 15 / 2012**

**Transaction ID : SA11D.4367**

Amount of Each Receipt this Period  
**2500.00**  
 In-kind - Preston Group - press

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David Scott Orner**

Mailing Address 38 Intervale Road

City Darien State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C H2CT04050**

Name of Employer CIT Occupation Finance

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**53992.31**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11D.4381**

Amount of Each Receipt this Period  
**37.22**  
 In-kind - Innovative Invitations - Stationary

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David Scott Orner**

Mailing Address 38 Intervale Road

City Darien State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C H2CT04050**

Name of Employer CIT Occupation Finance

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**30010.31**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2012**

**Transaction ID : SA11D.4383**

Amount of Each Receipt this Period  
**18.00**  
 In-kind - Postage - USPS

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

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

**2555.22**

**8336.11**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. David Scott Orner</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 38 Intervale Road		Amount of Each Disbursement this Period 31.06
City Darien State CT Zip Code 06820	Purpose of Disbursement In-kind - Napa & Company	
Candidate Name	Category/Type	<b>Transaction ID : SB17.4376</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

Full Name (Last, First, Middle Initial) <b>B. Mr. David Scott Orner</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 38 Intervale Road		Amount of Each Disbursement this Period 238.86
City Darien State CT Zip Code 06820	Purpose of Disbursement In-kind - Courtyard Marriott	
Candidate Name	Category/Type	<b>Transaction ID : SB17.4377</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

Full Name (Last, First, Middle Initial) <b>c. Mr. David Scott Orner</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2012
Mailing Address 38 Intervale Road		Amount of Each Disbursement this Period 150.00
City Darien State CT Zip Code 06820	Purpose of Disbursement In-kind - Netboots - website	
Candidate Name	Category/Type	<b>Transaction ID : SB17.4375</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	419.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. David Scott Orner</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address 38 Intervale Road		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4374</b>
City Darien	State CT	
Purpose of Disbursement In-kind - Preston Group - press		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT	District: 04	

Full Name (Last, First, Middle Initial) <b>B. Mr. David Scott Orner</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2012
Mailing Address 38 Intervale Road		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4373</b>
City Darien	State CT	
Purpose of Disbursement In-kind - Preston Group - press		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT	District: 04	

Full Name (Last, First, Middle Initial) <b>c. Mr. David Scott Orner</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2012
Mailing Address 38 Intervale Road		Amount of Each Disbursement this Period 49.48 <b>Transaction ID : SB17.4371</b>
City Darien	State CT	
Purpose of Disbursement In-kind - Brasitas		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5049.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. David Scott Orner</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2012
Mailing Address 38 Intervale Road		Amount of Each Disbursement this Period 311.49 <b>Transaction ID : SB17.4372</b>
City Darien	State CT	
Purpose of Disbursement In-kind - Netboots - website		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT	District: 04	

Full Name (Last, First, Middle Initial) <b>B. Mr. David Scott Orner</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2012
Mailing Address 38 Intervale Road		Amount of Each Disbursement this Period 11.49 <b>Transaction ID : SB17.4370</b>
City Darien	State CT	
Purpose of Disbursement In-kind - Marc's Rowayton Market		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT	District: 04	

Full Name (Last, First, Middle Initial) <b>c. Mr. David Scott Orner</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2012
Mailing Address 38 Intervale Road		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.4369</b>
City Darien	State CT	
Purpose of Disbursement In-kind - Netboots - website		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	311.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. David Scott Orner</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 38 Intervale Road		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4368</b>
City Darien	State CT	
Zip Code 06820	Purpose of Disbursement In-kind - Preston Group - press	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: CT District: 04	
	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

Full Name (Last, First, Middle Initial) <b>B. Mr. David Scott Orner</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 38 Intervale Road		Amount of Each Disbursement this Period 37.22 <b>Transaction ID : SB17.4382</b>
City Darien	State CT	
Zip Code 06820	Purpose of Disbursement In-kind - Innovative Invitations - Stationary	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: CT District: 04	
	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

Full Name (Last, First, Middle Initial) <b>c. Mr. David Scott Orner</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 38 Intervale Road		Amount of Each Disbursement this Period 18.00 <b>Transaction ID : SB17.4384</b>
City Darien	State CT	
Zip Code 06820	Purpose of Disbursement In-kind - Postage - USPS	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: CT District: 04	
	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2555.22
<b>TOTAL</b> This Period (last page this line number only).....	8336.11

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 21	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

Full Name (Last, First, Middle Initial) <b>A. Susan Byrne</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 250 West Avenue		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.4314</b>
City Darien State CT Zip Code 06820	Purpose of Disbursement Refund of Contribution 010 Category/Type	
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) <b>B. Christopher C Cantwell</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 29 Dawn Harbor Lane		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.4310</b>
City Riverside State CT Zip Code 06878	Purpose of Disbursement Refund of Contribution 010 Category/Type	
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) <b>c. Richard F Chormann</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 7910 Welch Road		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB20A.4315</b>
City Empire State MI Zip Code 49630	Purpose of Disbursement Refund of Contribution 010 Category/Type	
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 21			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marielise Cox</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 34B Locust Drive		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB20A.4316</b>
City Monroe Township	State NJ	
Zip Code 08831	Purpose of Disbursement Refund of Contribution	Category/ Type 010
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: CT District: 04	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input checked="" type="checkbox"/> Other (specify) Convention

Full Name (Last, First, Middle Initial) <b>B. Cynthia D Gorey</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 27 Country Club Road		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.4317</b>
City Darien	State CT	
Zip Code 06820	Purpose of Disbursement Refund of Contribution	Category/ Type 010
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: CT District: 04	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input checked="" type="checkbox"/> Other (specify) Convention

Full Name (Last, First, Middle Initial) <b>c. Linda Hinkley</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 55 Relihan Road		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.4318</b>
City Darien	State CT	
Zip Code 06820	Purpose of Disbursement Refund of Contribution	Category/ Type 010
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: CT District: 04	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input checked="" type="checkbox"/> Other (specify) Convention

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 21	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

Full Name (Last, First, Middle Initial) <b>A. Evelyn Infurna</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 79 Hollow Tree Ridge Road		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.4319</b>
City Darien State CT Zip Code 06820	Purpose of Disbursement Refund of Contribution 010 Category/Type	
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) <b>B. Michael Itagaki</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 953A 15th Avenue		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB20A.4320</b>
City Honolulu State HI Zip Code 96816	Purpose of Disbursement Refund of Contribution 010 Category/Type	
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) <b>c. Christopher A Kidd</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 1120 Key Drive		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.4321</b>
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Refund of Contribution 010 Category/Type	
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jacqueline E Kress</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 169 Lincoln Avenue		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.4322</b>
City Elizabeth	State NJ Zip Code 07208	
Purpose of Disbursement Refund of Contribution	Category/Type 010	
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: CT District: 04	

Full Name (Last, First, Middle Initial) <b>B. Derek Lakin</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 34 Blueberry Hill Road		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.4323</b>
City Redding	State CT Zip Code 06896	
Purpose of Disbursement Refund of Contribution	Category/Type 010	
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: CT District: 04	

Full Name (Last, First, Middle Initial) <b>c. Anthony Lazarra</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 15 Waverly Road		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.4324</b>
City Darien	State CT Zip Code 06820	
Purpose of Disbursement Refund of Contribution	Category/Type 010	
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: CT District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stephen J Liguori</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 3 Contentment Island		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.4336</b>
City Darren	State CT	
Zip Code 06820	Purpose of Disbursement Refund of Contribution	Category/ Type 010
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: CT District: 04	

Full Name (Last, First, Middle Initial) <b>B. Susan S Liguori</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 3 Contentment Island		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.4337</b>
City Darren	State CT	
Zip Code 06820	Purpose of Disbursement Refund of Contribution	Category/ Type 010
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: CT District: 04	

Full Name (Last, First, Middle Initial) <b>c. Dan Negrea</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 3 North Streret		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.4325</b>
City Greenwich	State CT	
Zip Code 06830	Purpose of Disbursement Refund of Contribution	Category/ Type 010
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: CT District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. David Scott Orner</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2012</b>
Mailing Address <b>38 Intervale Road</b>		Amount of Each Disbursement this Period <b>24000.00</b> <b>Transaction ID : SB20A.4380</b>
City <b>Darien</b> State <b>CT</b> Zip Code <b>06820</b>	Purpose of Disbursement <b>Return of Candidate Contribution</b> Category/Type <b>010</b>	
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CT</b> District: <b>04</b>	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>

Full Name (Last, First, Middle Initial) <b>B. Ryan J Orner</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2012</b>
Mailing Address <b>50 Biscayne Blvd Apt 4911</b>		Amount of Each Disbursement this Period <b>242.23</b> <b>Transaction ID : SB20A.4326</b>
City <b>Miami</b> State <b>FL</b> Zip Code <b>33132</b>	Purpose of Disbursement <b>Refund of Contribution</b> Category/Type <b>010</b>	
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CT</b> District: <b>04</b>	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>

Full Name (Last, First, Middle Initial) <b>c. Mitchell Rieder</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2012</b>
Mailing Address <b>10 Plunkett Place</b>		Amount of Each Disbursement this Period <b>250.00</b> <b>Transaction ID : SB20A.4327</b>
City <b>Westport</b> State <b>CT</b> Zip Code <b>06880</b>	Purpose of Disbursement <b>Refund of Contribution</b> Category/Type <b>010</b>	
Candidate Name <b>Mr. David Scott Orner</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CT</b> District: <b>04</b>	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>24492.23</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

**A. Sean Riggs**

Full Name (Last, First, Middle Initial)  
Mailing Address 19126 Larchmont Drive

City Odessa State FL Zip Code 33556

Purpose of Disbursement Refund of Contribution

Candidate Name **Mr. David Scott Orner**

Office Sought:  House  Senate  President  
 Disbursement For: 2012  
 Primary  General  
 Other (specify) Convention

State: CT District: 04

Date of Disbursement: 03 / 10 / 2012

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB20A.4328

Category/Type: 010

**B. Michael B Stein**

Full Name (Last, First, Middle Initial)  
Mailing Address 60 Cypress Drive

City Stamford State CT Zip Code 06903

Purpose of Disbursement Refund of Contribution

Candidate Name **Mr. David Scott Orner**

Office Sought:  House  Senate  President  
 Disbursement For: 2012  
 Primary  General  
 Other (specify) Convention

State: CT District: 04

Date of Disbursement: 03 / 10 / 2012

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB20A.4330

Category/Type: 010

**C. James B Sult**

Full Name (Last, First, Middle Initial)  
Mailing Address 719 E. Orangewood Avenue

City Pheonix State AZ Zip Code 85020

Purpose of Disbursement Refund of Contribution

Candidate Name **Mr. David Scott Orner**

Office Sought:  House  Senate  President  
 Disbursement For: 2012  
 Primary  General  
 Other (specify) Convention

State: CT District: 04

Date of Disbursement: 03 / 10 / 2012

Amount of Each Disbursement this Period: 750.00

Transaction ID : SB20A.4329

Category/Type: 010

**SUBTOTAL** of Disbursements This Page (optional) ..... 3750.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jessica B Tobin</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 35 Downesbury CT		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.4331</b>
City Ridgefield	State CT	
Purpose of Disbursement Refund of Contribution		Category/ Type 010
Candidate Name <b>Mr. David Scott Orner</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT	District: 04	

Full Name (Last, First, Middle Initial) <b>B. Heidi B Vossler</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 1 Fresh Meadows Lane		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.4332</b>
City Darien	State CT	
Purpose of Disbursement Refund of Contribution		Category/ Type 010
Candidate Name <b>Mr. David Scott Orner</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT	District: 04	

Full Name (Last, First, Middle Initial) <b>c. Katherine Wigness</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 579 Goritz road		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.4333</b>
City Asbury	State NJ	
Purpose of Disbursement Refund of Contribution		Category/ Type 010
Candidate Name <b>Mr. David Scott Orner</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT	District: 04	

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

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

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

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NAME OF COMMITTEE (In Full)  
**Orner for Congress**

Full Name (Last, First, Middle Initial) <b>A. Phil J Won</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 22 Oak Park Avenue		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB20A.4334</b>
City Darien	State CT	
Purpose of Disbursement Refund of Contribution		Category/ Type 010
Candidate Name <b>Mr. David Scott Orner</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT	District: 04	

Full Name (Last, First, Middle Initial) <b>B. Andrea Zana</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 56 Fanton Hill Road		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.4312</b>
City Weston	State CT	
Purpose of Disbursement Refund of Contribution		Category/ Type 010
Candidate Name <b>Mr. David Scott Orner</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT	District: 04	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	38392.23