

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines

ADDRESS (number and street) 175 S. WEST TEMPLE, SUITE 650 SALT LAKE CITY UT 84101

2. FEC IDENTIFICATION NUMBER C00235572 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2) through Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer STANLEY R. DE WAAL

Signature of Treasurer Electronically Filed by STANLEY R. DE WAAL Date 11 30 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only table with 7 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
ORRINPAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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	75384.76									
(c) Total Receipts (from Line 19)	43250.00	497352.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	118634.76	560488.66								
7. Total Disbursements (from Line 31)	38391.07	480244.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80243.69	80243.69								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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)	5000.00	206045.00
(ii) Unitemized	0.00	43807.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5000.00	249852.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	33250.00	237500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	38250.00	487352.50
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	5000.00	10000.00
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))	43250.00	497352.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43250.00	497352.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	12391.07	173494.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12391.07	173494.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	286000.00
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	1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1000.00
29. Other Disbursements.....	1000.00	19750.00
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))..	38391.07	480244.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38391.07	480244.97

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	38250.00	487352.50
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38250.00	486352.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12391.07	173494.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12391.07	173494.97

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16
(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)
CME GROUP, INC. PAC (CME/CBOT/NYMEX PAC)
 Mailing Address **20 S. WACKER DR**
 City **CHICAGO** State **IL** Zip Code **60606**
 Date of Receipt **10 / 21 / 2010**
Transaction ID: 01028.C3949
 Amount of Each Receipt this Period **5000.00**
 Receipt
 FEC ID number of contributing federal political committee. **C C00076299**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **5000.00**

B. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE
 Mailing Address **8400 WESTPARK DR**
 City **MC LEAN** State **VA** Zip Code **22102**
 Date of Receipt **10 / 18 / 2010**
Transaction ID: 01028.C3945
 Amount of Each Receipt this Period **4000.00**
 Receipt
 FEC ID number of contributing federal political committee. **C C00040998**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **5000.00**

C. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY PAC
 Mailing Address **1299 PENNSYLVANIA AVE, NW, STE 900**
 City **WASHINGTON** State **DC** Zip Code **20004**
 Date of Receipt **10 / 27 / 2010**
Transaction ID: 01028.C3953
 Amount of Each Receipt this Period **3750.00**
 Receipt
 FEC ID number of contributing federal political committee. **C C00024869**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **5000.00**

SUBTOTAL of Receipts This Page (optional) ► **12750.00**
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 / 16
(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)
MEDCO HEALTH PAC

Mailing Address 2350 KERNER BLVD, STE 250

City State Zip Code
SAN RAFAEL CA 94901

FEC ID number of contributing federal political committee. **C** C00384362

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 01028.C3944

Amount of Each Receipt this Period
5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
MERCK EMPLOYEES PAC

Mailing Address 601 PENNSYLVANIA AVE, NW,
NORTH BLDG, STE 1200

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 01028.C3950

Amount of Each Receipt this Period
3000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
REAL ESTATE ROUNDTABLE PAC

Mailing Address 801 PENN AVE, NW. STE 720

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00033779

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 01028.C3951

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **13000.00**

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 8 / 16
	(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) SENIORS HOUSING PAC		Date of Receipt
	Mailing Address 5100 WISCONSIN AVE, NW, STE 307		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WASHINGTON	DC	20016
	FEC ID number of contributing federal political committee.		<input type="text" value="C000325332"/>
Name of Employer		Occupation	Transaction ID: 01028.C3952
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="5000.00"/>	
		Aggregate Year-to-Date ▼	Receipt
		<input type="text" value="5000.00"/>	

B.	Full Name (Last, First, Middle Initial) WAL*PAC		Date of Receipt
	Mailing Address WAL-MART STORES INC. PAC 702 SW 8TH STREET		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	BENTONVILLE	AR	72716-0150
	FEC ID number of contributing federal political committee.		<input type="text" value="C00093054"/>
Name of Employer		Occupation	Transaction ID: 01028.C3947
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="2500.00"/>	
		Aggregate Year-to-Date ▼	Receipt
		<input type="text" value="2500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="33250.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 16

(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)
BRIAN J. HIGGINS

Mailing Address **P. O. BOX 14014**

City **NEW YORK** State **NY** Zip Code **10021**

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

Name of Employer
KING STREET CAPITAL MMGT, LP

Occupation
GENERAL PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 01028.C3946

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

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

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

FOR LINE NUMBER: PAGE 10 / 16
(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)
BOOZMAN FOR ARKANSAS

Mailing Address 322 N. BLOOMINGTON, SUITE A-B

City State Zip Code
LOWELL AR 72745-

FEC ID number of contributing federal political committee. **C** C00476317

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 1 0

Transaction ID: 01028.C3948

Amount of Each Receipt this Period
5000.00

Refund of Contribution Made

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL 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)

PAGE 11 / 16

<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: <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) ▼	Transaction ID: 01123.E2232 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 500.00 Category/Type PAC CONSULTING

B. Full Name (Last, First, Middle Initial) CBIZ MHM, LLC Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650 City SALT LAKE CITY State UT Zip Code 84101- Purpose of Disbursement Accounting 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) ▼	Transaction ID: 01123.E2235 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 2105.49 Category/Type ACCOUNTING FEES

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 supplies & postage 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) ▼	Transaction ID: 01123.E2239 Date of Disbursement 10 / 20 / 2010
	Amount of Each Disbursement this Period 8076.78 Category/Type PAC CONSULTING SUPPLIES & POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	10682.27
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 12 / 16

<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>A. Full Name (Last, First, Middle Initial) NORTH CAPITOL STREET ENTERPRISES</p> <p>Mailing Address 400 N. CAPITOL ST, NW, STE 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>Transaction ID: 01123.E2240 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 966.85</p> <p>OFFICE RENT AND PHONE</p>
<p>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 & 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>Transaction ID: 01123.E2241 Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>EMAIL & WEBSITE MANAGEMENT</p>
<p>C. 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>Transaction ID: 01123.E2242 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 99.00</p> <p>PAC CONSULTING</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1565.85

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 / 16

<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>A.</p> <p>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>Transaction ID: 01123.E2243 Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 99.00</p> <p>PAC CONSULTING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ZIONS BANK</p> <p>Mailing Address 310 SOUTH MAIN ST</p> <p>City SALT LAKE CITY State UT Zip Code 84101-</p> <p>Purpose of Disbursement Service fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: 01123.E2245 Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 43.95</p> <p>SERVICE FEE</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>142.95</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>12391.07</p>

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 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

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) BEN QUAYLE FOR CONGRESS	Transaction ID: 01123.E2233 Date of Disbursement 10 / 19 / 2010	
	Mailing Address 4247 N. 44TH STREET		
	City PHOENIX State AZ Zip Code 85015-	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement CONTRIBUTION TO GENERAL		
	Candidate Name BEN QUAYLE	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION TO GENERAL
B.	Full Name (Last, First, Middle Initial) Friends of Sharron Angle	Transaction ID: 01123.E2236 Date of Disbursement 10 / 27 / 2010	
	Mailing Address PO Box 33058		
	City RENO State NV Zip Code 89533-	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement CONTRIBUTION TO GENERAL		
	Candidate Name SHARRON ANGLE	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION TO GENERAL
C.	Full Name (Last, First, Middle Initial) Friends of Sharron Angle	Transaction ID: 01123.E2237 Date of Disbursement 10 / 27 / 2010	
	Mailing Address PO Box 33058		
	City RENO State NV Zip Code 89533-	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement CONTRIBUTION TO PRIMARY DEBT		
	Candidate Name SHARRON ANGLE	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION TO PRIMARY DEBT

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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 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)
Martha Roby for Congress

Mailing Address PO Box 195

City MONTGOMERY State AL Zip Code 36101-

Purpose of Disbursement
CONTRIBUTION TO GENERAL

Candidate Name
MARTHA ROBY

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AL District: 02

Transaction ID: 01123.E2238
Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO GENERAL

B.

Full Name (Last, First, Middle Initial)
Washington US Senate Victory Comm.

Mailing Address 2840 Northrup Way, Ste 140

City BELLEVUE State WA Zip Code 98004-

Purpose of Disbursement
CONTRIBUTION TO JF COMMITTEE

Candidate Name
DINO ROSSI

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WA District: 00

Transaction ID: 01123.E2244
Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO JF COMMITTEE

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

25000.00

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 16 / 16

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ORRINPAC

A.

Full Name (Last, First, Middle Initial)

CARL WIMMER CAMPAIGN

Transaction ID: 01123.E2234

Date of Disbursement

Mailing Address 14028 S ROSALEEN LN.

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

City	State	Zip Code
HERRIMAN	UT	84096-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
STATE CANDIDATE CONTRIBUTION

--

Candidate Name

Category/
Type

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:

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00
