



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

Write or Type Committee Name  
ORRINPAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>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<br>Beginning of Reporting Period .....  | 42786.88                |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 47016.00                | 226683.84                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 89802.88                | 373351.29                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 26666.72                | 310215.13                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 63136.16                | 63136.16                          |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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 | 2 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 8500.00                       | 49550.00                          |
| (ii) Unitemized .....  | 4016.00                       | 12797.50                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 12516.00                      | 62347.50                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 34500.00                      | 164000.00                         |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 47016.00                      | 226347.50                         |
| 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)) .....                          | 47016.00                      | 226683.84                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 47016.00                      | 226683.84                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>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.....  | 16666.72                              | 194715.13                                 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 16666.72                              | 194715.13                                 |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 10000.00                              | 98500.00                                  |
| 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))..       | 26666.72                              | 310215.13                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 26666.72                              | 310215.13                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 17

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 47016.00                      | 226347.50                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 47016.00                      | 226347.50                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 16666.72                      | 194715.13                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 16666.72                      | 194715.13                         |

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

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

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

NAME OF COMMITTEE (In Full)  
**ORRINPAC**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>AFLAC INCORPORATED PAC  | Date of Receipt   |
|           | Mailing Address 1932 WYNNTON RD<br>AFLAC CENTER  | <input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2009"/> |
|           | City State Zip Code<br>COLUMBUS GA 31999   | <b>Transaction ID:</b> 91214.C2504  |
|           | FEC ID number of contributing federal political committee. <input type="text" value="C00034157"/>  | Amount of Each Receipt this Period<br><input type="text" value="5000.00"/>                            |
|           | Name of Employer Occupation<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br><input type="text" value="5000.00"/> | Receipt   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>FMR LLC PAC   | Date of Receipt   |
|           | Mailing Address 82 DEVONSHIRE ST   | <input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2009"/> |
|           | City State Zip Code<br>BOSTON MA 02109   | <b>Transaction ID:</b> 00112.C2623  |
|           | FEC ID number of contributing federal political committee. <input type="text" value="C00380550"/>  | Amount of Each Receipt this Period<br><input type="text" value="1000.00"/>                            |
|           | Name of Employer Occupation<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br><input type="text" value="1000.00"/> | Receipt   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>GENERAL ELECTRIC COMPANY PAC  | Date of Receipt   |
|           | Mailing Address 1299 PENNSYLVANIA AVE  | <input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2009"/> |
|           | City State Zip Code<br>WASHINGTON DC 20004   | <b>Transaction ID:</b> 00112.C2628  |
|           | FEC ID number of contributing federal political committee. <input type="text" value="C00024869"/>  | Amount of Each Receipt this Period<br><input type="text" value="2500.00"/>                            |
|           | Name of Employer Occupation<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br><input type="text" value="4000.00"/> | Receipt   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="8500.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

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

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

FOR LINE NUMBER: PAGE 7 / 17  
(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)  
KPMG PAC  
Mailing Address P.O. BOX 18254  
City WASHINGTON State DC Zip Code 20036-9998  
FEC ID number of contributing federal political committee. **C** C00280222  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 12 / 29 / 2009  
Transaction ID: 00112.C2627  
Amount of Each Receipt this Period 5000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
NEW YORK LIFE INS. PAC  
Mailing Address 51 MADISON AVE, RM 1109  
City NEW YORK State NY Zip Code 10010  
FEC ID number of contributing federal political committee. **C** C00158881  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 12 / 14 / 2009  
Transaction ID: 00112.C2622  
Amount of Each Receipt this Period 5000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
PRICEWATERHOUSE COOPERS PAC  
Mailing Address 1301 K ST, NW, STE 800 WEST  
City WASHINGTON State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00107235  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 12 / 30 / 2009  
Transaction ID: 00112.C2634  
Amount of Each Receipt this Period 5000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00  
**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 / 17  
(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)  
SENIORS HOUSING PAC  
Mailing Address 5100 WISCONSIN AVE, NW, STE 307  
City WASHINGTON State DC Zip Code 20016  
FEC ID number of contributing federal political committee. **C** C00325332  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 12 / 30 / 2009  
Transaction ID: 00112.C2631  
Amount of Each Receipt this Period 5000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
THE GLAXOSMITHKLINE PAC  
Mailing Address FIVE MOORE DR  
P. O. BOX 13398  
City DURHAM State NC Zip Code 27709  
FEC ID number of contributing federal political committee. **C** C00199703  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt 12 / 30 / 2009  
Transaction ID: 00112.C2633  
Amount of Each Receipt this Period 2500.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
UPSPAC  
Mailing Address 55 GLENLAKE PKWY, NE  
City ATLANTA State GA Zip Code 30328  
FEC ID number of contributing federal political committee. **C** C00064766  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt 12 / 18 / 2009  
Transaction ID: 00112.C2626  
Amount of Each Receipt this Period 2500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10000.00  
**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 9 / 17  
(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)  
WAL\*PAC

Mailing Address WAL-MART STORES INC. PAC  
702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716-0150

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 9

Transaction ID: 00112.C2632

Amount of Each Receipt this Period  
1000.00

Receipt

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 34500.00 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

|   |  |   |   |
|---|--|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>TERESA BURTON |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2009 |
|   | Mailing Address 175 S. WEST TEMPLE, STE 650              |   | Transaction ID: 00112.C2638                         |
|   | City State Zip Code<br>SALT LAKE CITY UT 84101           | FEC ID number of contributing federal political committee.<br>C | Amount of Each Receipt this Period<br>24.40         |
|   | Name of Employer<br>CBIZ MHM LLC                         | Occupation<br>Campaign Finance Associate                        | Memo  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>0.00                                | <b>[MEMO ITEM]</b><br>NOTE: Exempt accounting       |

|   |   |   |   |
|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>CORIE CHAN |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2009 |
|   | Mailing Address 175 S. WEST TEMPLE, STE 650           |   | Transaction ID: 00112.C2639                         |
|   | City State Zip Code<br>SALT LAKE CITY UT 84101        | FEC ID number of contributing federal political committee.<br>C | Amount of Each Receipt this Period<br>95.00         |
|   | Name of Employer<br>CBIZ MHM LLC                      | Occupation<br>Campaign Finance Specialist                       | Memo  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>0.00                                | <b>[MEMO ITEM]</b><br>NOTE: Exempt accounting       |

|   |   |   |   |
|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>JOHN K. HORANY |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 30 / 2009 |
|   | Mailing Address 5012 LES CHATEAUX 226                     |   | Transaction ID: 00112.C2630                         |
|   | City State Zip Code<br>DALLAS TX 75235                    | FEC ID number of contributing federal political committee.<br>C | Amount of Each Receipt this Period<br>1500.00       |
|   | Name of Employer<br>Information Requested                 | Occupation<br>Information Requested                             | Receipt   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1500.00                             |   |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 17  
(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)  
M. CAROL HORANY

Mailing Address 5 CARLTON PARK

City HOUSTON State TX Zip Code 77024

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 30 / 2009

Transaction ID: 00112.C2629

Amount of Each Receipt this Period 1500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
BEN J. LIPPS

Mailing Address 95 HAYDEN AVE

City LEXINGTON State MA Zip Code 02421-3378

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

Name of Employer Fresenius Medical Care Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 18 / 2009

Transaction ID: 00112.C2625

Amount of Each Receipt this Period 5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
WINNY MUGWEH

Mailing Address 175 S. WEST TEMPLE, STE 650

City SALT LAKE CITY State UT Zip Code 84101

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

Name of Employer CBIZ MHM LLC Occupation Campaign Finance Associate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 31 / 2009

Transaction ID: 00112.C2640

Amount of Each Receipt this Period 206.00

Memo

**[MEMO ITEM]**  
NOTE: Exempt accounting

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 6500.00

**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 12 / 17  
(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)  
JERRE STEAD

Mailing Address 10040 E. HAPPY VALLEY RD, #674

City State Zip Code  
SCOTTSDALE AZ 85255

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

Name of Employer Occupation  
IHS, INC CHAIRMAN & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: 91214.C2541

Amount of Each Receipt this Period  
500.00

Receipt

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 500.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 8500.00 |

# 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 13 / 17

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)<br>Autumn E-Media<br>Mailing Address PO Box 371553<br>City LAS VEGAS State NV Zip Code 89137-<br>Purpose of Disbursement Pac consulting<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                         | Transaction ID: 00112.E2058<br>Date of Disbursement<br>12 / 21 / 2009 | Amount of Each Disbursement this Period<br>500.00<br>PAC CONSULTING   |
| B. | Full Name (Last, First, Middle Initial)<br>CBIZ MHM, LLC<br>Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650<br>City SALT LAKE CITY State UT Zip Code 84101-<br>Purpose of Disbursement Accounting fees<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00112.E2059<br>Date of Disbursement<br>12 / 21 / 2009 | Amount of Each Disbursement this Period<br>1501.76<br>ACCOUNTING FEES |
| C. | Full Name (Last, First, Middle Initial)<br>E. H. MURRAY GROUP, LLC<br>Mailing Address 6510 ANNA MARIE COURT<br>City MC LEAN State VA Zip Code 22101-<br>Purpose of Disbursement Pac consulting<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          | Transaction ID: 00112.E2060<br>Date of Disbursement<br>12 / 21 / 2009 | Amount of Each Disbursement this Period<br>4425.00<br>PAC CONSULTING  |

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

6426.76

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)  
FLAT CREEK MANAGEMENT

Transaction ID: 00112.E2057  
Date of Disbursement

Mailing Address 211 SEVENTH AVENUE NORTH  
SUITE LL-15

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 0 |   | 2 | 0 | 0 | 9 |

City NASHVILLE State TN Zip Code 37219-

Amount of Each Disbursement this Period

|        |
|--------|
| 339.67 |
|--------|

Purpose of Disbursement  
Online merchant fee

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

ONLINE MERCHANT FEE

State: District:

B.

Full Name (Last, First, Middle Initial)  
FLAT CREEK MANAGEMENT

Transaction ID: 00112.E2068  
Date of Disbursement

Mailing Address 211 SEVENTH AVENUE NORTH  
SUITE LL-15

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 8 |   | 2 | 0 | 0 | 9 |

City NASHVILLE State TN Zip Code 37219-

Amount of Each Disbursement this Period

|      |
|------|
| 6.11 |
|------|

Purpose of Disbursement  
Online merchant fee

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

ONLINE MERCHANT FEE

State: District:

C.

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

Transaction ID: 00112.E2063  
Date of Disbursement

Mailing Address P.O. BOX 2204

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 8 |   | 2 | 0 | 0 | 9 |

City WASHINGTON State DC Zip Code 20013-

Amount of Each Disbursement this Period

|         |
|---------|
| 8000.00 |
|---------|

Purpose of Disbursement  
Pac consulting

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

PAC CONSULTING

State: District:

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

|         |
|---------|
| 8345.78 |
|---------|

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 15 / 17

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
North Capitol Street Enterprises

**Transaction ID:** 00112.E2064  
**Date of Disbursement**

Mailing Address 400 North Capitol Street, NW  
Suite 585

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 1 |   | 2 | 0 | 0 | 9 |

City WASHINGTON State DC Zip Code 20001-

Amount of Each Disbursement this Period

|        |
|--------|
| 898.35 |
|--------|

Purpose of Disbursement  
Office rent and phone

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

OFFICE RENT AND PHONE

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
OCTOBER, INC.

**Transaction ID:** 00112.E2065  
**Date of Disbursement**

Mailing Address 11445 DIVELY AVENUE

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 1 |   | 2 | 0 | 0 | 9 |

City LAS VEGAS State NV Zip Code 89138-

Amount of Each Disbursement this Period

|        |
|--------|
| 852.88 |
|--------|

Purpose of Disbursement  
Email & website management

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

EMAIL & WEBSITE MANAGEMENT

State: District:

**C.**

Full Name (Last, First, Middle Initial)  
RootsHQ, LLC

**Transaction ID:** 00112.E2066  
**Date of Disbursement**

Mailing Address 211 7th Avenue North  
Suite LL-15

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 1 |   | 2 | 0 | 0 | 9 |

City NASHVILLE State TN Zip Code 37219-

Amount of Each Disbursement this Period

|       |
|-------|
| 99.00 |
|-------|

Purpose of Disbursement  
Pac consulting

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

PAC CONSULTING

State: District:

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

|         |
|---------|
| 1850.23 |
|---------|

**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 16 / 17

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)<br>ZIONS BANK   |  | Transaction ID: 00112.E2067                              |  |
|    | Mailing Address 310 SOUTH MAIN ST   |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 10 / 2009 |  |
|    | City<br>SALT LAKE CITY  | State<br>UT  | Zip Code<br>84101-                                       | Amount of Each Disbursement this Period<br>43.95 |
|    | Purpose of Disbursement<br>Service charge   |  | Category/<br>Type  | SERVICE CHARGE                                   |
|    | Candidate Name  |  |  |  |
|    | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
|    | State:<br>District:   |  |  |  |

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

43.95

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

16666.72

**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 17 / 17

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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><br>Full Name (Last, First, Middle Initial)<br>FRIENDS OF JASON CHAFFETZ<br>Mailing Address 175 S. WEST TEMPLE, STE 650<br>City SALT LAKE CITY State UT Zip Code 84101-<br>Purpose of Disbursement CONTRIBUTION TO PRIMARY<br>Candidate Name JASON CHAFFETZ<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: UT District: 03<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00112.E2061<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 1 0 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>5000.00<br>Category/Type<br>CONTRIBUTION TO PRIMARY    |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>GRASSLEY COMMITTEE<br>Mailing Address P.O. BOX 1000<br>City DES MOINES State IA Zip Code 50304-<br>Purpose of Disbursement CONTRIBUTION TO PRIMARY<br>Candidate Name CHARLES E GRASSLEY<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: 00<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                      | Transaction ID: 00112.E2062<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 2 3 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>5000.00<br>Category/Type<br>CONTRIBUTION TO PRIMARY    |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 10000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 10000.00 |