



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
ORRINPAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		200304.06
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	191915.58									
(c) Total Receipts (from Line 19) .....	32567.17	42269.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	224482.75	242573.91								
7. Total Disbursements (from Line 31) .....	74434.69	92525.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	150048.06	150048.06								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
ORRINPAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

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	16500.00	22500.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	16500.00	22500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	15500.00	18500.00
(c) Other Political Committees (such as PACs) .....	32000.00	41000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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.) .....	567.17	1269.85
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)) .....	32567.17	42269.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32567.17	42269.85

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	17334.69	35425.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	17334.69	35425.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	55000.00	55000.00
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.....	2100.00	2100.00
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))..	74434.69	92525.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74434.69	92525.85

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	32000.00	41000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32000.00	41000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17334.69	35425.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17334.69	35425.85

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

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

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) ALCON LABORATORIES INC. PAC		Date of Receipt
	Mailing Address 6201 SOUTH FWY		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	FORT WORTH	TX	76134
	FEC ID number of contributing federal political committee.		<input type="text" value="C00382119"/>
Name of Employer		Occupation	Transaction ID: 80211.C1915
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) ALLERGAN INC. PAC FOR EMPLOYEES PAC		Date of Receipt
	Mailing Address 2148 E. ORANGE VIEW LN		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	ORANGE	CA	92867
	FEC ID number of contributing federal political committee.		<input type="text" value="C00292102"/>
Name of Employer		Occupation	Transaction ID: 80307.C1922
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) AMERICAN ACADEMY OF SLEEP MEDICINE PAC		Date of Receipt
	Mailing Address ONE WESTBROOK CORPORATE CTR, STE 9		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	WESTCHESTER	IL	60154
	FEC ID number of contributing federal political committee.		<input type="text" value="C00331462"/>
Name of Employer		Occupation	Transaction ID: 80307.C1921
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3000.00"/>
<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 / 22  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSN. OF NURSE ANESTHETISTS PA  
Mailing Address 412 FIRST ST, SE, STE 12  
City WASHINGTON State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C** C00173153  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 02 / 15 / 2008  
Transaction ID: 80307.C1926  
Amount of Each Receipt this Period 1500.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN CLINICAL LAB ASSN. PAC  
Mailing Address 1250 H ST, NW, STE 880  
City WASHINGTON State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00227520  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 02 / 15 / 2008  
Transaction ID: 80307.C1928  
Amount of Each Receipt this Period 1500.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
CREDIT SUISSE SECURITIES (USA) PAC  
Mailing Address 1201 F ST, NW, STE 450  
City WASHINGTON State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00111559  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt 02 / 29 / 2008  
Transaction ID: 80307.C1929  
Amount of Each Receipt this Period 2500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00  
**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 / 22

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
CSL BEHRING EMPLOYEES PAC

Mailing Address **1020 FIRST AVE**

City **KING OF PRUSSIA** State **PA** Zip Code **19406-0901**

FEC ID number of contributing federal political committee. **C C00422501**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID: 80307.C1927**

Amount of Each Receipt this Period 1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
KIDNEY CARE COUNCIL INC. PAC

Mailing Address **c/o ALSTON & BIRD  
950 F ST, NW, 8TH FLR**

City **WASHINGTON** State **DC** Zip Code **20004-1404**

FEC ID number of contributing federal political committee. **C C00326736**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID: 80307.C1923**

Amount of Each Receipt this Period 2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
MILLENNIUM PHARMACEUTICALS PAC

Mailing Address **40 LANDSOWNE ST**

City **CAMBRIDGE** State **MA** Zip Code **02139**

FEC ID number of contributing federal political committee. **C C00407460**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt MM / DD / YYYY  
02 / 04 / 2008

**Transaction ID: 80211.C1913**

Amount of Each Receipt this Period 1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 4500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full) ORRINPAC
---

<b>A.</b>	Full Name (Last, First, Middle Initial) SIRPAC	Date of Receipt
	Mailing Address 3975 FAIR RIDGE DR, STE 400 SOCIETY OF INTERVENTIONAL RADIOLOG	<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City State Zip Code FAIRFAX VA 22033	<b>Transaction ID:</b> 80307.C1925
	FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00408435"/>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
	Name of Employer Occupation	Receipt
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="15500.00"/>

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

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

FOR LINE NUMBER: PAGE 10 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
JERRY BORROWMAN  
Mailing Address 11882 OAKRIDGE RD  
City SANDY State UT Zip Code 84094-5618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BENEFICIAL FINANCIAL GROUP Occupation EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 02 / 04 / 2008  
Transaction ID: 80211.C1904  
Amount of Each Receipt this Period 500.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
ALLAN BROWNE  
Mailing Address 615 N. ROXBURY DR  
City BEVERLY HILLS State CA Zip Code 90210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DREIER STEIN KAHAN BROWNE WOOD Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 02 / 04 / 2008  
Transaction ID: 80211.C1905  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL EISNER  
Mailing Address 411 N. OAKHURST, NO. 104  
City BEVERLY HILLS State CA Zip Code 90210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EISNER & FRANK Occupation LAWYER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 02 / 04 / 2008  
Transaction ID: 80211.C1906  
Amount of Each Receipt this Period 1000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) ALAN FENSTER	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 9777 WILSHIRE BLVD, #900	<b>Transaction ID:</b> 80211.C1907
	City State Zip Code BEVERLY HILLS CA 90212	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation DREIER STEIN KAHAN BROWNE WOOD ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) LAWRENCE GANTMAN	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 9665 WILSHIRE BLVD, #700	<b>Transaction ID:</b> 80211.C1908
	City State Zip Code BEVERLY HILLS CA 90212-2314	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation SMITH BARNEY FINANCIAL ADVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ERIC M. GEORGE	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 450 N. ROXBURY DR.	<b>Transaction ID:</b> 80211.C1910
	City State Zip Code BEVERLY HILLS CA 90210-4231	Amount of Each Receipt this Period 3500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation DREIER STEIN KAHAN BROWNE WOOD ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5500.00
<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 12 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
JOHN M. HADDOW

Mailing Address 13516 COMPTON RD

City State Zip Code  
CLIFTON VA 20124

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

Name of Employer Occupation  
SYMMS AND HADDOW GOVT RELATIONS CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2008

Transaction ID: 80211.C1909

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
ROBERT L. KAHAN

Mailing Address 12034 COYNE ST

City State Zip Code  
LOS ANGELES CA 90049

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

Name of Employer Occupation  
DREIER STEIN KAHAN BROWNE WOOD ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2008

Transaction ID: 80211.C1911

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
ELWOOD LUI

Mailing Address 2058 REDCLIFF ST

City State Zip Code  
LOS ANGELES CA 90039-3027

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

Name of Employer Occupation  
Jones Day Reavis & Pogue ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2008

Transaction ID: 80211.C1916

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) ALAN MEYERSON	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 9625 YOAKUM DR	<b>Transaction ID:</b> 80211.C1912
	City State Zip Code BEVERLY HILLS CA 90210	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation DREIER STEIN KAHAN BROWNE WOOD ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM V. NEVILLE	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address P. O. BOX 3040 KINGSHILL	<b>Transaction ID:</b> 80211.C1917
	City State Zip Code KINGSHILL VI 00851	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation US VIKING LLC MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM H. NIXON	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 7610 THOMAS GRANT DR	<b>Transaction ID:</b> 80211.C1918
	City State Zip Code ALEXANDRIA VA 22315	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation POLICY IMPACT COMMUNICATIONS EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.**

Full Name (Last, First, Middle Initial)  
PETER I. OSTROFF

Mailing Address 9621 ROYALTON DR

City State Zip Code  
BEVERLY HILLS CA 90210

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

Name of Employer Occupation  
DREIER STEIN KAHAN BROWNE WOOD ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1914

Amount of Each Receipt this Period  
1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
TIMOTHY P. TRYSLA

Mailing Address 3715 FULTON ST, NW

City State Zip Code  
WASHINGTON DC 20007-1343

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

Name of Employer Occupation  
Alston & Bird LLP Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 8

Transaction ID: 80307.C1924

Amount of Each Receipt this Period  
500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
CHARLES S. VOGEL

Mailing Address 326 S. BENTLEY AVE

City State Zip Code  
LOS ANGELES CA 90049-3219

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1919

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16500.00

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

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) ZIONS BANK		Date of Receipt																					
	Mailing Address 310 SOUTH MAIN ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	9		2	0	0	8														
	City	State	Zip Code	<b>Transaction ID:</b> 80307.C1937																				
SALT LAKE CITY	UT	84101-	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		567.17																					
Name of Employer	Occupation		Interest Received																					
Receipt For:	Aggregate Year-to-Date ▼																							
<input type="checkbox"/> Primary <input type="checkbox"/> General	1269.85																							
<input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	567.17
<b>TOTAL</b> This Period (last page this line number only) .....	▶	567.17

**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 / 22

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

A.	Full Name (Last, First, Middle Initial) Barry Anderson	Transaction ID: 80307.E1742 Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 76 Tartarian Circle	Amount of Each Disbursement this Period 585.00
	City BOUNTIFUL State UT Zip Code 84010-	
	Purpose of Disbursement Pac consulting	Category/ Type 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) ▼

B.	Full Name (Last, First, Middle Initial) CBIZ FPG, LLC	Transaction ID: 80307.E1744 Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650	Amount of Each Disbursement this Period 1520.32
	City SALT LAKE CITY State UT Zip Code 84101-	
	Purpose of Disbursement Accounting fees	Category/ Type 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) ▼

C.	Full Name (Last, First, Middle Initial) NATIONAL POLITICAL ASSOCIATES	Transaction ID: 80307.E1753 Date of Disbursement MM / DD / YYYY 02 / 19 / 2008
	Mailing Address P.O. BOX 2204	Amount of Each Disbursement this Period 8100.00
	City WASHINGTON State DC Zip Code 20013-	
	Purpose of Disbursement Pac consulting & postage	Category/ Type PAC CONSULTING & 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10205.32
<b>TOTAL</b> 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 17 / 22

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

<b>A.</b> Full Name (Last, First, Middle Initial) North Capitol Street Enterprises <hr/> Mailing Address 400 North Capitol Street, NW Suite 585 <hr/> City WASHINGTON State DC Zip Code 20001- <hr/> Purpose of Disbursement Office rent and phone Candidate Name	Transaction ID: 80307.E1755 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 833.84 <hr/> OFFICE RENT AND PHONE
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) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) THE MONOCLE <hr/> Mailing Address 107 D STREET, N.W. <hr/> City WASHINGTON State DC Zip Code 20002- <hr/> Purpose of Disbursement Pac luncheon Candidate Name	Transaction ID: 80307.E1758 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 403.20 <hr/> PAC LUNCHEON
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) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) THE MONOCLE <hr/> Mailing Address 107 D STREET, N.W. <hr/> City WASHINGTON State DC Zip Code 20002- <hr/> Purpose of Disbursement Pac luncheon Candidate Name	Transaction ID: 80307.E1757 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 320.00 <hr/> PAC LUNCHEON
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1557.04
<b>TOTAL</b> 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 18 / 22

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

A.

Full Name (Last, First, Middle Initial)  
WILLIAMS & JENSEN

Mailing Address 1155 21ST STREET, NW

City WASHINGTON State DC Zip Code 20036-

Purpose of Disbursement  
Legal fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80307.E1762  
Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

4703.82

LEGAL FEES

B.

Full Name (Last, First, Middle Initial)  
ZIONS BANK

Mailing Address 310 SOUTH MAIN ST

City SALT LAKE CITY State UT Zip Code 84101-

Purpose of Disbursement  
Merchant fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80307.E1740  
Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

584.10

MERCHANT FEES

C.

Full Name (Last, First, Middle Initial)  
ZIONS BANK

Mailing Address 310 SOUTH MAIN ST

City SALT LAKE CITY State UT Zip Code 84101-

Purpose of Disbursement  
Service fee

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80313.E1763  
Date of Disbursement

02 / 21 / 2008

Amount of Each Disbursement this Period

167.44

SERVICE FEE

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

5455.36

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

17217.72

# 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 19 / 22

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) ALEXANDER FOR SENATE 2008, INC.</p> <p>Mailing Address 228 S WASHINGTON STREET, SUITE 115</p> <p>City ALEXANDRIA State VA Zip Code 22314-</p> <p>Purpose of Disbursement CONTRIBUTION TO GENERAL</p> <p>Candidate Name LAMAR ALEXANDER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80307.E1741 <b>Date of Disbursement</b> 02 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>CONTRIBUTION TO GENERAL</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR COCHRAN</p> <p>Mailing Address C/O CAROL HARDWICK P O BOX 22761</p> <p>City JACKSON State MS Zip Code 39225-2761</p> <p>Purpose of Disbursement CONTRIBUTION TO GENERAL</p> <p>Candidate Name THAD COCHRAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80307.E1745 <b>Date of Disbursement</b> 02 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>CONTRIBUTION TO GENERAL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ENZI FOR SENATE</p> <p>Mailing Address P.O. BOX 2776</p> <p>City CODY State WY Zip Code 82414-</p> <p>Purpose of Disbursement CONTRIBUTION TO GENERAL</p> <p>Candidate Name MICHAEL B ENZI</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80307.E1747 <b>Date of Disbursement</b> 02 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>CONTRIBUTION TO GENERAL</p>

**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)  
LINDSEY GRAHAM FOR SENATE

Mailing Address P.O. BOX 1155

City State Zip Code  
SENECA SC 29679-

Purpose of Disbursement  
CONTRIBUTION TO GENERAL

Candidate Name  
LINDSEY OLIN GRAHAM

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: SC District: 00

Transaction ID: 80307.E1751  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

CONTRIBUTION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
MCCONNELL SENATE COMMITTEE 08

Mailing Address P.O. BOX 1496

City State Zip Code  
LOUISVILLE KY 40201-

Purpose of Disbursement  
CONTRIBUTION TO GENERAL

Candidate Name  
MITCH MCCONNELL

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: KY District: 00

Transaction ID: 80307.E1752  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

CONTRIBUTION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN SENATORIAL COMM.

Mailing Address 425 SECOND STREET, NE

City State Zip Code  
WASHINGTON DC 20002-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: 80307.E1754  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

CONTRIBUTION

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

**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 22 / 22

<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)  
BOX ELDER COUNTY REPUBLICAN PARTY

Mailing Address 805 S. 1000 W.

City TREMONTON State UT Zip Code 84337-

Purpose of Disbursement DONATION

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80307.E1743  
Date of Disbursement 02 / 29 / 2008

Amount of Each Disbursement this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
UTAH COUNTY REPUBLICAN PARTY

Mailing Address 1754 SOUTH NEVADA AVENUE

City PROVO State UT Zip Code 84606-

Purpose of Disbursement DONATION

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80307.E1760  
Date of Disbursement 02 / 29 / 2008

Amount of Each Disbursement this Period 1500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	2000.00