

**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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" 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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		146667.45
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	48700.11									
(c) Total Receipts (from Line 19)	9406.00	36892.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58106.11	183559.79								
7. Total Disbursements (from Line 31)	25713.78	151167.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32392.33	32392.33								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
ORRINPAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1250.00	11250.00
(i) Itemized (use Schedule A)	3156.00	3306.00
(ii) Unitemized	4406.00	14556.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	22000.00
(c) Other Political Committees (such as PACs)	9406.00	36556.00
(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.)	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))	9406.00	36892.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9406.00	36892.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	21713.78	81167.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	21713.78	81167.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	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.....	4000.00	15000.00
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))..	25713.78	151167.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25713.78	151167.46

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	9406.00	36556.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9406.00	36556.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21713.78	81167.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21713.78	81167.46

**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 6 / 13
	<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	

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) JERRY BORROWMAN	Date of Receipt MM / DD / YYYY 05 / 18 / 2009
	Mailing Address 11882 OAKRIDGE RD	Transaction ID: 90615.C2180
	City State Zip Code SANDY UT 84094-5618	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation BENEFICIAL FINANCIAL GROUP VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Corie Chan	Date of Receipt MM / DD / YYYY 05 / 31 / 2009
	Mailing Address 175 South West Temple Suite 650	Transaction ID: 90615.C2319
	City State Zip Code SALT LAKE CITY UT 84101	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	Memo
	Name of Employer Occupation CBIZ MHM LLC Campaign Finance Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] NOTE: Exempt accounting

C.	Full Name (Last, First, Middle Initial) ASHLEY CLASSEN	Date of Receipt MM / DD / YYYY 05 / 28 / 2009
	Mailing Address P. O. BOX 2457	Transaction ID: 90615.C2194
	City State Zip Code FORT WORTH TX 76113	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation TRINITY PAIN MEDICINE ASSOCIAT PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 / 13	
	(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) Kevin Price	Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 9
	Mailing Address 175 South West Temple Suite 650	Transaction ID: 90615.C2323
	City State Zip Code SALT LAKE CITY UT 84101	Amount of Each Receipt this Period 262.50
	FEC ID number of contributing federal political committee. C	Memo
	Name of Employer Occupation CBIZ MHM LLC CPA	[MEMO ITEM] NOTE: Exempt accounting
	Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 13	
	(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) DELOITTE FEDERAL PAC	Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 9
	Mailing Address P. O. BOX 36	Transaction ID: 90514.C2173
	City State Zip Code WASHINGTON DC 20044-0365	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00211318	Receipt
	Name of Employer Occupation	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

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)

<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	Transaction ID: 90615.E1965 Date of Disbursement 05 / 13 / 2009
	Mailing Address PO Box 371553	Amount of Each Disbursement this Period 500.00
	City LAS VEGAS State NV Zip Code 89137-	
	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) WILLIAM B. CANFIELD	Transaction ID: 90615.E1972 Date of Disbursement 05 / 28 / 2009
	Mailing Address C/O UTRECHT & PHILLIPS, PLLC 1900 M STREET, NW, STE 500	Amount of Each Disbursement this Period 7500.00
	City WASHINGTON State DC Zip Code 20036-	
	Purpose of Disbursement Legal fees	Category/ Type LEGAL 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) CBIZ MHM, LLC	Transaction ID: 90615.E1966 Date of Disbursement 05 / 13 / 2009
	Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650	Amount of Each Disbursement this Period 1849.48
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	9849.48
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: 90615.E1974 Date of Disbursement
	Mailing Address 211 SEVENTH AVENUE NORTH SUITE LL-15	<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City NASHVILLE State TN Zip Code 37219-	Amount of Each Disbursement this Period
	Purpose of Disbursement Online merchant fee	<input type="text" value="67.27"/>
	Candidate Name	Category/Type
	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) ▼
		ONLINE MERCHANT FEE

B.	Full Name (Last, First, Middle Initial) FLAT CREEK MANAGEMENT	Transaction ID: 90615.E1975 Date of Disbursement
	Mailing Address 211 SEVENTH AVENUE NORTH SUITE LL-15	<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City NASHVILLE State TN Zip Code 37219-	Amount of Each Disbursement this Period
	Purpose of Disbursement Online merchant fee	<input type="text" value="256.18"/>
	Candidate Name	Category/Type
	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) ▼
		ONLINE MERCHANT FEE

C.	Full Name (Last, First, Middle Initial) NATIONAL POLITICAL ASSOCIATES	Transaction ID: 90615.E1968 Date of Disbursement
	Mailing Address P.O. BOX 2204	<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20013-	Amount of Each Disbursement this Period
	Purpose of Disbursement Pac consulting	<input type="text" value="8000.00"/>
	Candidate Name	Category/Type
	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) ▼
		PAC CONSULTING

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8323.45"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 / 13

<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 <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 <hr/> 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: 90615.E1969 Date of Disbursement 05 / 28 / 2009 <hr/> Amount of Each Disbursement this Period 893.05 <hr/> OFFICE RENT AND PHONE
B.	Full Name (Last, First, Middle Initial) NORTHCIRCLE, LLC <hr/> Mailing Address 552 WEST 925 NORTH CIRCLE <hr/> City CENTERVILLE State UT Zip Code 84014- <hr/> Purpose of Disbursement Pac consulting and expenses Candidate Name <hr/> 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: 90615.E1970 Date of Disbursement 05 / 13 / 2009 <hr/> Amount of Each Disbursement this Period 1087.47 <hr/> PAC CONSULTING AND EXPENS- ES
C.	Full Name (Last, First, Middle Initial) OCTOBER, INC. <hr/> Mailing Address 11445 DIVELY AVENUE <hr/> City LAS VEGAS State NV Zip Code 89138- <hr/> Purpose of Disbursement Pac consulting Candidate Name <hr/> 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: 90615.E1971 Date of Disbursement 05 / 13 / 2009 <hr/> Amount of Each Disbursement this Period 1360.68 <hr/> PAC CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶

3341.20

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 / 13

<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)
ZIONS BANK

Mailing Address 310 SOUTH MAIN ST

City State Zip Code
SALT LAKE CITY UT 84101-

Purpose of Disbursement
Service fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90615.E1973

Date of Disbursement

/ /

Amount of Each Disbursement this Period

199.65

SERVICE FEE

SUBTOTAL of Disbursements This Page (optional)

199.65

TOTAL This Period (last page this line number only)

21713.78

**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 / 13

<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) AMERICAN DIABETES ASSN.	Transaction ID: 90615.E1963 Date of Disbursement
	Mailing Address 1245 BRICKYARD ROAD	<input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City SALT LAKE CITY State UT Zip Code 84106-	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	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) AMERICAN HEART ASSOCIATION	Transaction ID: 90615.E1964 Date of Disbursement
	Mailing Address 144 SOUTH 500 EAST	<input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City SALT LAKE CITY State UT Zip Code 84102-	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	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) INTERNATIONAL CHILDRENS CHOIR	Transaction ID: 90615.E1967 Date of Disbursement
	Mailing Address 123 2ND AVENUE T9	<input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City SALT LAKE CITY State UT Zip Code 84103-	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4000.00"/>