

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ORBPAC

ADDRESS (number and street) 21839 Atlantic Blvd.
4th Floor
Dulles VA 20166

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00195263

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day Post -Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on _____ in the State of _____

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Marie Craft

Signature of Treasurer Electronically Filed by Ms. Marie Craft Date 04 12 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
ORB PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		20423.69
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	20423.69									
(c) Total Receipts (from Line 19)	33952.73	33952.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54376.42	54376.42								
7. Total Disbursements (from Line 31)	19100.00	19100.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35276.42	35276.42								
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
ORB PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	16284.63	16284.63
(i) Itemized (use Schedule A)	17668.10	17668.10
(ii) Unitemized	33952.73	33952.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	33952.73	33952.73
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	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	33952.73	33952.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33952.73	33952.73

DETAILED SUMMARY PAGE

of Disbursements

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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)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	19100.00	19100.00
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	0.00
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))..	19100.00	19100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19100.00	19100.00

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)	33952.73	33952.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33952.73	33952.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<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	

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)
ORB PAC

A. Full Name (Last, First, Middle Initial) Mr. Scott Webster		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6
Mailing Address		Transaction ID: 12018018
City State Zip Code		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
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) KEN BELL		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address		Transaction ID: 12203485
City State Zip Code		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Orbital Sciences Corporat- ion	Occupation SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) JAMES H H. UTTER		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 24607 S. ROCKER BROOK DRIVE		Transaction ID: PR629556516653
City State Zip Code SUN LAKES AZ 85248		Amount of Each Receipt this Period 265.00
FEC ID number of contributing federal political committee. C		
Name of Employer Orbital Sciences Corporat- ion	Occupation DEPUTY GENERAL MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	P/R Deduction (\$45.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	1565.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<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)
ORBAPAC

Full Name (Last, First, Middle Initial) A. JOHN F F. MCCARTHY		Date of Receipt
Mailing Address 1027 CHALLEDON RD.		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
GREAT FALLS	VA	22066
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Orbital Sciences Corporat- ion	Occupation VP	Transaction ID: PR629557316653
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 213.24	<input type="text"/> 213.24
		P/R Deduction (\$35.54 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RONALD J J. GRABE		Date of Receipt
Mailing Address 2653 E. SCORPIO PLACE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
CHANDLER	AZ	85249
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Orbital Sciences Corporat- ion	Occupation GENERAL MANAGER	Transaction ID: PR629576916653
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 400.00	<input type="text"/> 400.00
		P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MARC D D GORDON		Date of Receipt
Mailing Address 216 BOOKHAM LN.		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
GAITHERSBURG	MD	20877
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Orbital Sciences Corporat- ion	Occupation Dir. Product Development	Transaction ID: PR629578816653
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 223.44	<input type="text"/> 223.44
		P/R Deduction (\$31.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	836.68
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 24
	<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)
ORB PAC

A. Full Name (Last, First, Middle Initial) HOWARD D. D. SHORE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR629580516653	
Mailing Address 5618 E. MARILYN ROAD		Amount of Each Receipt this Period 231.91	
City State Zip Code SCOTTSDALE AZ 85254	FEC ID number of contributing federal political committee. C		
Name of Employer Orbital Sciences Corporat- ion Occupation Program Manager	Aggregate Year-to-Date ▼ 231.91		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)		

B. Full Name (Last, First, Middle Initial) MARK E. E. BITTERMAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR629588616653	
Mailing Address 1835 BEULAH ROAD		Amount of Each Receipt this Period 224.00	
City State Zip Code VIENNA VA 22182	FEC ID number of contributing federal political committee. C		
Name of Employer Orbital Sciences Corporat- ion Occupation SVP	Aggregate Year-to-Date ▼ 224.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)		

C. Full Name (Last, First, Middle Initial) SATYAPRASAD P. MAGANTY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR629590316653	
Mailing Address 4709 W. Carla Vista		Amount of Each Receipt this Period 211.40	
City State Zip Code Chandler AZ 85226	FEC ID number of contributing federal political committee. C		
Name of Employer Orbital Sciences Corporat- ion Occupation Director	Aggregate Year-to-Date ▼ 211.40		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$30.20 Bi-Weekly)		

SUBTOTAL of Receipts This Page (optional) ▶	667.31
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 24
	(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)
ORBAPAC

Full Name (Last, First, Middle Initial) A. JOHN M M. DANKO		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1806 Millridge Ct.		Transaction ID: PR629599616653
City State Zip Code ANNAPOLIS MD 21401	Amount of Each Receipt this Period <input type="text"/> 450.97	
FEC ID number of contributing federal political committee. <input type="text"/> C		
Name of Employer Orbital Sciences Corporat- ion Occupation Sr. VP Science/Tech. Programs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 450.97	P/R Deduction (\$67.31 Bi- Weekly)

Full Name (Last, First, Middle Initial) B. WILLIAM L L. PRICE JR., JR.		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 21378 Apple Grove Court		Transaction ID: PR629639416653
City State Zip Code Gaithersburg MD 20877	Amount of Each Receipt this Period <input type="text"/> 204.50	
FEC ID number of contributing federal political committee. <input type="text"/> C		
Name of Employer Orbital Sciences Corporat- ion Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 320.00	P/R Deduction (\$38.50 Bi- Weekly)

Full Name (Last, First, Middle Initial) C. MICHAEL W w. MILLER		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 10155 NIGHTINGALE ST		Transaction ID: PR629647516653
City State Zip Code GAITHERSBURG MD 20882	Amount of Each Receipt this Period <input type="text"/> 265.74	
FEC ID number of contributing federal political committee. <input type="text"/> C		
Name of Employer Orbital Sciences Corporat- ion Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 265.74	P/R Deduction (\$44.29 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	<input type="text"/> 921.21
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 24						
	(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

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NAME OF COMMITTEE (In Full)
ORB PAC

Full Name (Last, First, Middle Initial) A. G. DAVID LOW		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 20461 SWAN CREEK COURT		Transaction ID: PR629702716653		
City State Zip Code POTOMAC FALLS VA 20165	Amount of Each Receipt this Period _____ 330.00		P/R Deduction (\$50.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		_____		
Name of Employer Orbital Sciences Corporat- ion Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VICE PRESIDENT Aggregate Year-to-Date ▼ _____ 330.00	_____		

Full Name (Last, First, Middle Initial) B. ROBERT T T. RICHARDS		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 43280 OVERVIEW PLACE		Transaction ID: PR629710716653		
City State Zip Code ASHBURN VA _____	Amount of Each Receipt this Period _____ 340.00		P/R Deduction (\$50.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		_____		
Name of Employer Orbital Sciences Corporat- ion Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Aggregate Year-to-Date ▼ _____ 340.00	_____		

Full Name (Last, First, Middle Initial) C. TAMMY L L. BESSER		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 4010 BILL MOXLEY ROAD		Transaction ID: PR629717616653		
City State Zip Code MT. AIRY MD 21771	Amount of Each Receipt this Period _____ 265.00		P/R Deduction (\$40.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		_____		
Name of Employer Orbital Sciences Corporat- ion Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ _____ 265.00	_____		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 935.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 24
	<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)
ORB PAC

A. Full Name (Last, First, Middle Initial) DAVID W. W. THOMPSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR629723916653
Mailing Address 11217 BRIGHT POND LANE		Amount of Each Receipt this Period 1344.00
City RESTON State VA Zip Code 20194	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.00 Bi-Weekly)
Name of Employer: Orbital Sciences Corporation Occupation: chairman and CEO	Aggregate Year-to-Date ▼ 1344.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) W. JEAN FLOYD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR629726016653
Mailing Address 843 W SHERRI DR		Amount of Each Receipt this Period 700.07
City GILBERT State AZ Zip Code 85233	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.01 Bi-Weekly)
Name of Employer: Orbital Sciences Corporation Occupation: Prog Mgr	Aggregate Year-to-Date ▼ 700.07	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) J.R.R. THOMPSON, JR.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR629726816653
Mailing Address 416 Randolph Ave.		Amount of Each Receipt this Period 1344.00
City Huntsville State AL Zip Code 35801	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.00 Bi-Weekly)
Name of Employer: Orbital Sciences Corporation Occupation: President and COO	Aggregate Year-to-Date ▼ 1344.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	3388.07
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 24
	<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)
ORB PAC

Full Name (Last, First, Middle Initial) A. DONALD E E. THOMPSON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 20848 GREAT FALLS FOREST DRIVE		Transaction ID: PR629726916653
City State Zip Code STERLING VA 20165	Amount of Each Receipt this Period _____ 232.50	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Orbital Sciences Corporat- ion Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 232.50	P/R Deduction (\$38.50 Bi- Weekly)

Full Name (Last, First, Middle Initial) B. DAVID HASTMAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 11614 S. APPALOOSA DR.		Transaction ID: PR629732816653
City State Zip Code PHOENIX AZ 85044	Amount of Each Receipt this Period _____ 518.77	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Orbital Sciences Corporat- ion Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 518.77	P/R Deduction (\$74.57 Bi- Weekly)

Full Name (Last, First, Middle Initial) C. GARY J J. FRANKO, J.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1601F BERRY ROSE CT.		Transaction ID: PR629736016653
City State Zip Code FREDERICK MD 21701	Amount of Each Receipt this Period _____ 257.02	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Orbital Sciences Corporat- ion Occupation Quality Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 257.02	P/R Deduction (\$33.11 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1008.29
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 24
	(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

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)
ORB PAC

Full Name (Last, First, Middle Initial) A. SUSAN M KNAPP		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 20700 Globe Mills Court		Transaction ID: PR629747416653
City State Zip Code Ashburn VA 20147	Amount of Each Receipt this Period _____ 239.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$38.50 Bi-Weekly)	
Name of Employer Occupation Orbital Sciences Corporation Director	Aggregate Year-to-Date ▼ _____ 239.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. N PAUL BROST		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 18301 Mid Ocean Place		Transaction ID: PR629751816653
City State Zip Code Leesburg VA 20176	Amount of Each Receipt this Period _____ 371.91	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$53.13 Bi-Weekly)	
Name of Employer Occupation Orbital Sciences Corporation Sr. VP.	Aggregate Year-to-Date ▼ _____ 371.91	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LARRY D D. BONS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1711 S. ASH STREET		Transaction ID: PR629759516653
City State Zip Code GILBERT AZ 85233	Amount of Each Receipt this Period _____ 241.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$38.50 Bi-Weekly)	
Name of Employer Occupation Orbital Sciences Corporation MANAGER	Aggregate Year-to-Date ▼ _____ 241.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 851.91
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 24
	<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)
ORB PAC

Full Name (Last, First, Middle Initial) A. MICHAEL R R. PINKSTON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3829 W. LAREDO ST.		Transaction ID: PR629767616653	
City State Zip Code CHANDLER AZ 85226	Amount of Each Receipt this Period _____ 248.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Orbital Sciences Corporat- ion	Occupation Deputy Program Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 248.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MARK OGREN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 541 E. MERRILL AVE		Transaction ID: PR629774416653	
City State Zip Code GILBERT AZ 85234	Amount of Each Receipt this Period _____ 809.34		
FEC ID number of contributing federal political committee. C			
Name of Employer Orbital Sciences Corporat- ion	Occupation Dir. Bus. Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 809.34		
		P/R Deduction (\$115.62 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. RICHARD S S. STRAKA		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 14630 S. 14TH WAY		Transaction ID: PR629781116653	
City State Zip Code PHOENIX AZ 85048	Amount of Each Receipt this Period _____ 210.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Orbital Sciences Corporat- ion	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1267.34
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 24
	<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)
ORBAPAC

A. Full Name (Last, First, Middle Initial)
RONALD D D. WILEY

Mailing Address 5551 W. GAIL DR.

City CHANDLER State AZ Zip Code 85226

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

Name of Employer Orbital Sciences Corporat-
ion Occupation Sr. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR629789516653

Amount of Each Receipt this Period
280.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
TERRY R R. LUCHI

Mailing Address 1823 W. CANARY WAY

City CHANDLER State AZ Zip Code 85248

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

Name of Employer Orbital Sciences Corporat-
ion Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR629804316653

Amount of Each Receipt this Period
240.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
KEVEN L L. LEITH

Mailing Address 462 WEST CAROB DRIVE

City CHANDLER State AZ Zip Code 85248

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

Name of Employer Orbital Sciences Corporat-
ion Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 448.28

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR629826716653

Amount of Each Receipt this Period
448.28

P/R Deduction (\$64.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **968.28**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 24
	<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)
ORB PAC

Full Name (Last, First, Middle Initial) A. JOHN G G. ZIERDT Jr., JR.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 608 EAGLES RIDGE PLACE		Transaction ID: PR682730416653	
City HUNTSVILLE	State AL	Zip Code 35802	Amount of Each Receipt this Period _____ 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orbital Sciences Corporat- ion	Occupation VP, Huntsville Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		
		P/R Deduction (\$50.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. ANTONIO L L. ELIAS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7907 ARIEL WAY		Transaction ID: PR760535516653	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Receipt this Period _____ 231.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orbital Sciences Corporat- ion	Occupation Exec. VP and GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 231.00		
		P/R Deduction (\$38.50 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. GARRETT E E. PIERCE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 43468 CASTLE HARBOUR TERRACE		Transaction ID: PR760539116653	
City LEESBURG	State VA	Zip Code 20176	Amount of Each Receipt this Period _____ 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orbital Sciences Corporat- ion	Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		
		P/R Deduction (\$50.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	931.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 24
	<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)
ORB PAC

Full Name (Last, First, Middle Initial) A. MICHAEL R R. WILLIAMS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR760539916653
Mailing Address 16958 HEATHER KNOLLS PLACE		Amount of Each Receipt this Period 350.00
City State Zip Code HAMILTON VA 20158	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Occupation Orbital Sciences Corporat- SVP ion	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JESSE F DOGGETT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR760554016653
Mailing Address 2425 S. EXTENSION ROAD		Amount of Each Receipt this Period 292.20
City State Zip Code MESA AZ 85210	FEC ID number of contributing federal political committee. C	P/R Deduction (\$48.70 Bi-Weekly)
Name of Employer Occupation Orbital Sciences Corporat- DIRECTOR ion	Aggregate Year-to-Date ▼ 292.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHAEL P DO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR760580216653
Mailing Address 2723 RUSHING BROOK LANE		Amount of Each Receipt this Period 234.00
City State Zip Code OAK HILL VA 20171	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer Occupation Orbital Sciences Corporat- DIRECTOR ion	Aggregate Year-to-Date ▼ 234.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	876.20
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 24
	<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)
ORB PAC

Full Name (Last, First, Middle Initial) A. WALTER S S. WRIGHT		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3256 E. KINGBIRD PLACE		Transaction ID: PR1006387816653
City State Zip Code CHANDLER AZ 85249	Amount of Each Receipt this Period _____ 238.32	
FEC ID number of contributing federal political committee. C		
Name of Employer Orbital Sciences Corporat- ion Occupation ENGINEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 238.32	P/R Deduction (\$39.72 Bi- Weekly)

Full Name (Last, First, Middle Initial) B. BRENT R R. COLLINS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2225 W. Frye Road, #1112		Transaction ID: PR1036689716653
City State Zip Code Chandler AZ 85224	Amount of Each Receipt this Period _____ 588.56	
FEC ID number of contributing federal political committee. C		
Name of Employer Orbital Sciences Corporat- ion Occupation Deputy General Manager for Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 588.56	P/R Deduction (\$84.08 Bi- Weekly)

Full Name (Last, First, Middle Initial) C. MIKE LUCHT		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1109 E. SCOTT AVENUE		Transaction ID: PR1087201816653
City State Zip Code GILBERT AZ 95234	Amount of Each Receipt this Period _____ 238.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Orbital Sciences Corporat- ion Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 238.00	P/R Deduction (\$38.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1064.88
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 24
	<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)
ORB PAC

A. Full Name (Last, First, Middle Initial) DAVID J J. ADERHOLD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1131928016653
Mailing Address 41600 SWIFTWATER DRIVE		Amount of Each Receipt this Period 221.54
City State Zip Code LEESBURG VA 20176	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Orbital Sciences Corporat- ion Occupation SENIOR DIRECTOR	Aggregate Year-to-Date ▼ 221.54	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) GREGORY A A. JONES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1150543716653
Mailing Address 7513 CANNON FORT DRIVE		Amount of Each Receipt this Period 551.16
City State Zip Code CLIFTON VA 20124	FEC ID number of contributing federal political committee. C	P/R Deduction (\$95.00 Bi-Weekly)
Name of Employer Orbital Sciences Corporat- ion Occupation VICE PRESIDENT	Aggregate Year-to-Date ▼ 551.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) JUSTIN A ANTHONY ZAWISTOWSKI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1234807416653
Mailing Address 22684 CRICKET HILL COURT		Amount of Each Receipt this Period 230.76
City State Zip Code ASHBURN VA 20148	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer Orbital Sciences Corporat- ion Occupation PC TECHNICIAN	Aggregate Year-to-Date ▼ 230.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1003.46
TOTAL This Period (last page this line number only) ▶	16284.63

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 20 / 24

<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)
ORB PAC

Full Name (Last, First, Middle Initial) A. Jon Kyl for US Senate		Transaction ID: 12022369 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 507 CAPITOL CT NE SUITE 100		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002		
Purpose of Disbursement	011 Category/Type	
Candidate Name Jon Kyl		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mikulski for Senate		Transaction ID: 12022396 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 503 Capitol Court NE Suite 100		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement	011 Category/Type	
Candidate Name Barbara A. Mikulski		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Northern Lights PAC		Transaction ID: 12022380 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 1155 21st Street, N.W.		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20035		
Purpose of Disbursement	011 Category/Type	
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) ▶	5500.00
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)

PAGE 21 / 24

<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)
ORB PAC

Full Name (Last, First, Middle Initial) A. Hoyer For Congress		Transaction ID: 12022392 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 1000.00
City Clinton State MD Zip Code 20735	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Steny Hoyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tom Davis For Congress		Transaction ID: 12071102 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 483		Amount of Each Disbursement this Period 1000.00
City Dunn Loring State VA Zip Code 22027	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Thomas Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jo Ann Davis For Congress		Transaction ID: 12071103 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address Post Office Box 1834		Amount of Each Disbursement this Period 1000.00
City Yorktown State VA Zip Code 23692	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Jo Ann J. Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)
ORB PAC

Full Name (Last, First, Middle Initial) A. Tiaht For Congress		Transaction ID: 12071100 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 2250 North Rock Rd #118A		Amount of Each Disbursement this Period 1000.00
City Wichita State KS Zip Code 67226	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Todd Tiaht		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Everett For Congress		Transaction ID: 12071101 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 1828		Amount of Each Disbursement this Period 1000.00
City Dothan State AL Zip Code 36302	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Terry Everett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cantor For Congress		Transaction ID: 12071099 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address P. O. Box 21027		Amount of Each Disbursement this Period 100.00
City Washington State DC Zip Code 20009	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Eric Cantor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2100.00
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)

PAGE 23 / 24

<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)
ORB PAC

Full Name (Last, First, Middle Initial) A. Cantor For Congress		Transaction ID: 12071104 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address P. O. Box 21027		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20009	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Eric Cantor	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Friends Of Frank Wolf		Transaction ID: 12214496 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 616 E Street, NW Suite 802		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20004	Purpose of Disbursement 011 Category/Type	
Candidate Name Frank R. Wolf	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Cantor For Congress		Transaction ID: 12214498 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address P. O. Box 21027		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20009	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Eric Cantor	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 24 / 24

<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)
ORBPAC

Full Name (Last, First, Middle Initial)
A. Ken Calvert For Congress

Mailing Address 104 Hume Avene

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name
Ken Calvert

Office Sought: House
 Senate
 President
State: CA District: 43

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 12253803
Date of Disbursement

03 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

19100.00