

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ORRINPAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text"/>	<input type="text" value="217861.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="180273.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="48886.32"/>	<input type="text" value="300207.56"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="229160.26"/>	<input type="text" value="518069.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27669.96"/>	<input type="text" value="316579.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="201490.30"/>	<input type="text" value="201490.30"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4500.00	40750.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4500.00	40750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	30500.00	218750.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	35000.00	259500.00
12. Transfers From Affiliated/Other Party Committees.....	8886.32	15707.56
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	25000.00
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 Transfers (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))..... ▶	48886.32	300207.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	48886.32	300207.56

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) Allocated 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	1669.96	80179.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1669.96	80179.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	212000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1000.00	24400.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	27669.96	316579.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27669.96	316579.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	35000.00	259500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35000.00	259500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1669.96	80179.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1669.96	80179.23

**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 OF 15
<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

Full Name (Last, First, Middle Initial)
A. Richard Fields

Mailing Address ES Management, LLC
PO Box 1089

City NEW YORK State NY Zip Code 10150

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
09 / 30 / 2012
Transaction ID : 21015.C4141

Amount of Each Receipt this Period
2500.00

Receipt

Full Name (Last, First, Middle Initial)
B. Mr. James O. McCrery III

Mailing Address 901 - 15ths Street NW #500

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 21 / 2012
Transaction ID : 20923.C4134

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
C. MR. PAUL S. ROGERS

Mailing Address 524 VINTAGE DR

City PROVO State UT Zip Code 84604

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

Name of Employer Occupation
THE TETRIS GROUP CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 21 / 2012
Transaction ID : 20923.C4135

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).....▶	4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<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

Full Name (Last, First, Middle Initial)
A. American Academy of Dermatology Assn.

Mailing Address SkinPAC
1445 New York Avenue, NW, Suite 80

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 30 / 2012
Transaction ID : 21015.C4138

Amount of Each Receipt this Period
5000.00

Receipt

Full Name (Last, First, Middle Initial)
B. AMERICAN CHIROPRACTIC ASSOCIATION PAC

Mailing Address 1701 CLARENDON BLVD.

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
09 / 06 / 2012
Transaction ID : 20918.C4130

Amount of Each Receipt this Period
2500.00

Receipt

Full Name (Last, First, Middle Initial)
C. DEALERS ELECTION ACTION COMMITTEE

Mailing Address 8400 WESTPARK DR

City MC LEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 21 / 2012
Transaction ID : 20923.C4133

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional).....▶	12500.00
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 8 OF 15
<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

Full Name (Last, First, Middle Initial)
A. Diageo North America, Inc. Employees PAC

Mailing Address 228 S. Washington St. Ste 115

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00034470

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : 21015.C4139

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
B. Honeywell International PAC

Mailing Address 101 Constitution Ave., NW, Ste 500

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : 21015.C4136

Amount of Each Receipt this Period
4000.00

Receipt

Full Name (Last, First, Middle Initial)
C. Medicaid Health Plans of America PAC

Mailing Address MHPA PAC
1150 18th Street, NW, Suite 1010

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00475426

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : 20918.C4129

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 9 OF 15
<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. Pitney Bowes Inc. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Elmcroft Road
 MSC 63-20
 City STAMFORD State CT Zip Code 06926
 FEC ID number of contributing federal political committee. **C** C00339499
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : 21015.C4137
 Amount of Each Receipt this Period
 2000.00
 Receipt

B. Wellcare Pac
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road, Ren 2
 City TAMPA State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C** C00390575
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2012
Transaction ID : 20923.C4132
 Amount of Each Receipt this Period
 5000.00
 Receipt

C. WELLPOINT, INC. WELLPAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 MONUMENT CIR
 City INDIANAPOLIS State IN Zip Code 46204-4903
 FEC ID number of contributing federal political committee. **C** C00197228
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : 21015.C4140
 Amount of Each Receipt this Period
 5000.00
 Receipt

SUBTOTAL of Receipts This Page (optional).....▶	12000.00
TOTAL This Period (last page this line number only).....▶	30500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. HATCH VICTORY COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 S. WASHINGTON ST, #115
 City ALEXANDRIA State VA Zip Code 22314-
 FEC ID number of contributing federal political committee. **C** C00495564
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 15707.56

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012
Transaction ID : 21015.C4142
 Amount of Each Receipt this Period 8886.32
 Transfers From Affil./Auth.

B. MR. JOHN K. CASTLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1095 N. OCEAN BLVD
 City PALM BEACH State FL Zip Code 33480-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CASTLE HARLAN, INC. CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012
Transaction ID : 21015.C4143
 Amount of Each Receipt this Period 5000.00
 Transfer Memo
[MEMO ITEM]

C. MRS. MARIANNE S. CASTLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1095 N. OCEAN BLVD.
 City PALM BEACH State FL Zip Code 33480-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A HOUSEWIFE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012
Transaction ID : 21015.C4144
 Amount of Each Receipt this Period 5000.00
 Transfer Memo
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	8886.32
TOTAL This Period (last page this line number only).....▶	8886.32

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

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

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

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NAME OF COMMITTEE (In Full)
ORRINPAC

A. Friends For Chris Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 542 E. Lakeview Way
 City FARMINGTON State UT Zip Code 84025-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Refund of Contribution Made
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : 20918.C4128
 Amount of Each Receipt this Period
 5000.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

Full Name (Last, First, Middle Initial)

A. ARISTOTLE

Mailing Address 205 Pennsylvania Ave, SE

City WASHINGTON State DC Zip Code 20003-

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2012

Transaction ID : 21015.E2455

Amount of Each Disbursement this Period

575.00

SOFTWARE

Full Name (Last, First, Middle Initial)

B. NORTH CAPITOL STREET ENTERPRISES

Mailing Address 400 N. CAPITOL ST, NW, STE 585

City WASHINGTON State DC Zip Code 20001-

Purpose of Disbursement
Office rent and phone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : 21015.E2461

Amount of Each Disbursement this Period

1051.01

OFFICE RENT AND PHONE

Full Name (Last, First, Middle Initial)

C. ZIONS BANK

Mailing Address 310 SOUTH MAIN ST

City SALT LAKE CITY State UT Zip Code 84101-

Purpose of Disbursement
Merchant account fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 21015.E2463

Amount of Each Disbursement this Period

43.95

MERCHANT ACCOUNT FEES

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

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

1669.96

1669.96

**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

Full Name (Last, First, Middle Initial)

A. Citizens For Josh Mandel

Mailing Address 50 W Broad St Ste 1900

City Columbus State OH Zip Code 43215-5929

Purpose of Disbursement
CONTRIBUTION TO GENERAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 11 / 2012

Transaction ID : 21015.E2456

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO GENERAL

Full Name (Last, First, Middle Initial)

B. Deb Fischer For US Senate

Mailing Address PO Box 83287

City Lincoln State NE Zip Code 68501-3287

Purpose of Disbursement
CONTRIBUTION TO GENERAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 11 / 2012

Transaction ID : 21015.E2458

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO GENERAL

Full Name (Last, First, Middle Initial)

C. Friends of Connie Mack

Mailing Address PO Box 14-1129

City MIAMI State FL Zip Code 33114-

Purpose of Disbursement
CONTRIBUTION TO GENERAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 11 / 2012

Transaction ID : 21015.E2459

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO GENERAL

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

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

15000.00

**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 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

Full Name (Last, First, Middle Initial)

A. Linda Lingle Senate Committee

Mailing Address PO Box 7272

City Alexandria State VA Zip Code 22307-0272

Purpose of Disbursement
CONTRIBUTION TO GENERAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : 21015.E2460

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO GENERAL

Full Name (Last, First, Middle Initial)

B. Raul Labrador For Congress

Mailing Address PO Box 1616

City BOISE State ID Zip Code 83701-1616

Purpose of Disbursement
CONTRIBUTION TO GENERAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2012

Transaction ID : 21015.E2462

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO GENERAL

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

10000.00

25000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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

Full Name (Last, First, Middle Initial)

A. Dana Dickson For House

Mailing Address 3643 Choke Cherry Dr

City State Zip Code
Salt Lake City UT 84109-3804

Purpose of Disbursement
CONTRIBUTION TO STATE CANDIDATE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : 21015.E2457

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

1000.00