

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
ORRINPAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

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"><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	16125.60									
(c) Total Receipts (from Line 19)	30400.00	86767.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46525.60	233435.29								
7. Total Disbursements (from Line 31)	16444.94	203354.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30080.66	30080.66								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
ORRINPAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

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		
(i) Itemized (use Schedule A)	7800.00	24300.00
(ii) Unitemized	100.00	7631.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7900.00	31931.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	22500.00	54500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30400.00	86431.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	336.34
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30400.00	86767.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30400.00	86767.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	16444.94	126354.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	16444.94	126354.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	60000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	17000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16444.94	203354.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16444.94	203354.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	30400.00	86431.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30400.00	86431.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16444.94	126354.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16444.94	126354.63

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

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

NAME OF COMMITTEE (In Full)
ORRINPAC

A.	Full Name (Last, First, Middle Initial) AMERICAN BANKERS ASSOCIATION		Date of Receipt
	Mailing Address 1120 CONNECTICUT AVE, NW		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WASHINGTON	DC	20036
	FEC ID number of contributing federal political committee.		<input type="text" value="C00004275"/>
Name of Employer		Occupation	Transaction ID: 90914.C2445 Amount of Each Receipt this Period <input type="text" value="5000.00"/> Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

B.	Full Name (Last, First, Middle Initial) AMERICAN CHIROPRACTIC ASSOCIATION PAC		Date of Receipt
	Mailing Address 1701 CLARENDON BLVD.		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ARLINGTON	VA	22209
	FEC ID number of contributing federal political committee.		<input type="text" value="C00102764"/>
Name of Employer		Occupation	Transaction ID: 90811.C2336 Amount of Each Receipt this Period <input type="text" value="1500.00"/> Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	

C.	Full Name (Last, First, Middle Initial) AMERICAN SOCIETY OF ANESTHESIOLOGISTS		Date of Receipt
	Mailing Address 520 N. NORTHWEST HWY		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	PARK RIDGE	IL	60068-2573
	FEC ID number of contributing federal political committee.		<input type="text" value="C00255752"/>
Name of Employer		Occupation	Transaction ID: 90811.C2339 Amount of Each Receipt this Period <input type="text" value="2500.00"/> Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORRINPAC

A. Full Name (Last, First, Middle Initial)
HCA GOOD GOVERNMENT FUND
Mailing Address ONE PARK PLAZA, P.O. BOX 550
City NASHVILLE State TN Zip Code 37202-0550
FEC ID number of contributing federal political committee. **C** C00067231
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 06 / 2009
Transaction ID: 90811.C2341
Amount of Each Receipt this Period 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
HEALTH INDUSTRY GROUP PURCHASING
Mailing Address 2025 M STREET, NW, STE 800
City WASHINGTON State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00423863
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 08 / 06 / 2009
Transaction ID: 90811.C2338
Amount of Each Receipt this Period 2500.00
Receipt

C. Full Name (Last, First, Middle Initial)
NATIONAL CABLE & TELECOMMUNICATIONS
Mailing Address 25 MASSACHUSETTES AVE, NW, STE 100
City WASHINGTON State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00010082
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 08 / 06 / 2009
Transaction ID: 90811.C2337
Amount of Each Receipt this Period 5000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 8500.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 14
	(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) VERIZON COMMUNICATIONS INC.		Date of Receipt MM / DD / YYYY 08 / 18 / 2009
Mailing Address GOOD GOVERNMENT CLUB 1300 I ST, NW, 4TH FLR		Transaction ID: 90914.C2447
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00186288		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) VHA PAC		Date of Receipt MM / DD / YYYY 08 / 06 / 2009
Mailing Address 220 E. LAS COLINAS BLVD		Transaction ID: 90811.C2344
City IRVING	State TX	Zip Code 75039-5500
FEC ID number of contributing federal political committee. C C00199497		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	22500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 14
(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)
WALTER MORGAN CURT

Mailing Address 7372 GOODS MILL RD

City State Zip Code
HARRISONBURG VA 22801-6026

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

Name of Employer Occupation
POWER MONITORS, INC. PRESIDENT & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2009

Transaction ID: 90914.C2448

Amount of Each Receipt this Period
4800.00

Receipt

B. Full Name (Last, First, Middle Initial)
FREDERICK H. GRAEFE

Mailing Address LAW OFFICES OF FREDERICK GRAEFE PL
319 CONSTITUTION AVE, NE

City State Zip Code
WASHINGTON DC 20002-5913

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

Name of Employer Occupation
LAW OFFICES OF FREDERICK GRAEF ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: 90811.C2340

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
JOHN T. McCARTHY

Mailing Address 3109 LONGFORD LANE

City State Zip Code
LOUISVILLE KY 40242

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

Name of Employer Occupation
McCARTHY STRATEGIC SOLUTIONS LOBBYIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: 90914.C2446

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **6800.00**

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 10 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORRINPAC

A. Full Name (Last, First, Middle Initial)
LEE H. PERLMAN

Mailing Address 10 ORSINI DR

City State Zip Code
LARCHMONT NY 10538-1642

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

Name of Employer Occupation
GNYHA VENTURES EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	0	9

Transaction ID: 90811.C2343

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	7800.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 11 / 14

<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 Mailing Address PO Box 371553 City LAS VEGAS State NV Zip Code 89137- Purpose of Disbursement 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) ▼	Transaction ID: 90914.E2010 Date of Disbursement 08 / 12 / 2009
	Amount of Each Disbursement this Period 500.00 Category/Type PAC CONSULTING

B. Full Name (Last, First, Middle Initial) WILLIAM B. CANFIELD Mailing Address C/O UTRECHT & PHILLIPS, PLLC 1900 M STREET, NW, STE 500 City WASHINGTON State DC Zip Code 20036- Purpose of Disbursement 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) ▼	Transaction ID: 90914.E2017 Date of Disbursement 08 / 06 / 2009
	Amount of Each Disbursement this Period 7500.00 Category/Type LEGAL FEES

C. Full Name (Last, First, Middle Initial) CBIZ MHM, LLC Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650 City SALT LAKE CITY State UT Zip Code 84101- Purpose of Disbursement 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) ▼	Transaction ID: 90914.E2011 Date of Disbursement 08 / 12 / 2009
	Amount of Each Disbursement this Period 897.15 Category/Type ACCOUNTING FEES

SUBTOTAL of Disbursements This Page (optional) ▶	8897.15
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 / 14

<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: 90914.E2008
Date of Disbursement

Mailing Address 211 SEVENTH AVENUE NORTH
SUITE LL-15

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	9

City NASHVILLE State TN Zip Code 37219-

Amount of Each Disbursement this Period

67.85

Purpose of Disbursement
Online merchant fee

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

ONLINE MERCHANT FEE

State: District:

B.

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

Transaction ID: 90914.E2009
Date of Disbursement

Mailing Address 211 SEVENTH AVENUE NORTH
SUITE LL-15

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	9

City NASHVILLE State TN Zip Code 37219-

Amount of Each Disbursement this Period

324.35

Purpose of Disbursement
Online merchant fee

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

ONLINE MERCHANT FEE

State: District:

C.

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

Transaction ID: 90914.E2012
Date of Disbursement

Mailing Address P.O. BOX 2204

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

City WASHINGTON State DC Zip Code 20013-

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Pac consulting

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

PAC CONSULTING

State: District:

SUBTOTAL of Disbursements This Page (optional)

4392.20

TOTAL This Period (last page this line number only)

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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 / 14

<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

<p>A. Full Name (Last, First, Middle Initial) North Capitol Street Enterprises</p> <p>Mailing Address 400 North Capitol Street, NW Suite 585</p> <p>City WASHINGTON State DC Zip Code 20001-</p> <p>Purpose of Disbursement Office rent and phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90914.E2013 Date of Disbursement 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 909.23</p> <p>OFFICE RENT AND PHONE</p>
<p>B. Full Name (Last, First, Middle Initial) OCTOBER, INC.</p> <p>Mailing Address 11445 DIVELY AVENUE</p> <p>City LAS VEGAS State NV Zip Code 89138-</p> <p>Purpose of Disbursement Email & website management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90914.E2014 Date of Disbursement 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1426.51</p> <p>EMAIL & WEBSITE MANAGEMENT</p>
<p>C. Full Name (Last, First, Middle Initial) THE MONOCLE</p> <p>Mailing Address 107 D STREET, N.W.</p> <p>City WASHINGTON State DC Zip Code 20002-</p> <p>Purpose of Disbursement Pac luncheon</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90914.E2016 Date of Disbursement 08 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 676.90</p> <p>PAC LUNCHEON</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3012.64

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)

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<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		Transaction ID: 90914.E2018	
	Mailing Address 310 SOUTH MAIN ST		Date of Disbursement 08 / 10 / 2009	
City SALT LAKE CITY		State UT	Zip Code 84101-	
Purpose of Disbursement Merchant fees		Category/ Type		Amount of Each Disbursement this Period 43.95
Candidate Name		Disbursement For:		MERCHANT FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	43.95
TOTAL This Period (last page this line number only)	▶	16345.94