



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
ORRINPAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"> </td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">70096.10</td></tr></table>	70096.10
Y	Y	Y	Y									
2	0	0	7									
70096.10												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">96527.90</td></tr></table>	96527.90										
96527.90												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">77727.05</td></tr></table>	77727.05	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">212177.05</td></tr></table>	212177.05								
77727.05												
212177.05												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">174254.95</td></tr></table>	174254.95	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">282273.15</td></tr></table>	282273.15								
174254.95												
282273.15												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">116170.89</td></tr></table>	116170.89	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">224189.09</td></tr></table>	224189.09								
116170.89												
224189.09												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">58084.06</td></tr></table>	58084.06	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">58084.06</td></tr></table>	58084.06								
58084.06												
58084.06												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">0.00</td></tr></table>	0.00										
0.00												

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
ORRINPAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	27000.00	146350.00
(i) Itemized (use Schedule A) .....	0.00	100.00
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27000.00	146450.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	50500.00	65500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	77500.00	211950.00
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.) .....	227.05	227.05
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)) .....	77727.05	212177.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	77727.05	212177.05

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1170.89	43189.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1170.89	43189.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	110000.00	169000.00
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.....	5000.00	12000.00
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))..	116170.89	224189.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	116170.89	224189.09

**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) .....	77500.00	211950.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	77500.00	211950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1170.89	43189.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1170.89	43189.09

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 27</span>
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. ADVOCAT INC. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007
Mailing Address <b>1621 GALLERIA BLVD</b>		<b>Transaction ID: 70919.C1726</b>
City <b>BRENTWOOD</b> State <b>TN</b> Zip Code <b>37027</b>	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C C00421735</b>	Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN BANKERS ASSOCIATION</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007
Mailing Address <b>1120 CONNECTICUT AVE, NW</b>		<b>Transaction ID: 71015.C1732</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20036</b>	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN HEALTH CARE ASSOCIATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007
Mailing Address <b>1201 L STREET, N.W.</b>		<b>Transaction ID: 71015.C1733</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20005</b>	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C C00006080</b>	Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>10500.00</b>
<b>TOTAL</b> 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 / 27
	<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) <b>A. AMERICAN HEALTH QUALITY ASSOCIATION</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 1155 21ST ST, NW, STE 202		<b>Transaction ID: 71015.C1734</b>	
City State Zip Code WASHINGTON DC 20036	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00370213	Receipt		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. BANK OF AMERICA CORPORATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 600 PEACHTREE STREET		<b>Transaction ID: 70919.C1723</b>	
City State Zip Code ATLANTA GA 30308-3615	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00043489	Receipt		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. CAPELLA HEALTHCARE GOVT AFFAIRS COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 501 CORPORATE CENTER DR, STE 200		<b>Transaction ID: 71015.C1735</b>	
City State Zip Code FRANKLIN TN 37067	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	Receipt		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
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NAME OF COMMITTEE (In Full)  
ORRINPAC

Full Name (Last, First, Middle Initial) <b>A. DIRECT SUPPLY INC. PARTNERS PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 6767 N. INDUSTRIAL RD		<b>Transaction ID: 71015.C1737</b>	
City State Zip Code MILWAUKEE WI 53223	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00409516</b>		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. FIFTH THIRD BANCORP PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 3886 NORTH HIGH ST		<b>Transaction ID: 71015.C1736</b>	
City State Zip Code COLUMBUS OH 43214	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C C00290502</b>		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C. GENESIS HEALTHCARE CORPORATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 101 EAST STATE STREET		<b>Transaction ID: 71015.C1739</b>	
City State Zip Code KENNETT SQUARE PA 19348	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00292094</b>		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> 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 9 / 27
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
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NAME OF COMMITTEE (In Full)  
ORRINPAC

Full Name (Last, First, Middle Initial) <b>A. HCA GOOD GOVERNMENT FUND</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address ONE PARK PLAZA, P.O. BOX 550		<b>Transaction ID: 70919.C1727</b>	
City State Zip Code NASHVILLE TN 37202-0550	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00067231		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. HCR MANOR CARE PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 333 SUMMIT STREET P. O. BOX 10086		<b>Transaction ID: 71015.C1740</b>	
City State Zip Code TOLEDO OH 43699-0086	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00260141		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C. KEYCORP ADVOCATES FUND</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 127 PUBLIC SQUARE		<b>Transaction ID: 71015.C1741</b>	
City State Zip Code CLEVELAND OH 44114	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00073155		Receipt	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty field)

**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 10 / 27
	<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) <b>A. KINDRED HEALTHCARE INC. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 680 SOUTH 4TH STREET		<b>Transaction ID: 71015.C1742</b>	
City State Zip Code LOUISVILLE KY 40202-2407	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00242271		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B. LIFEPOINT HOSPITALS INC. GGFUND</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 103 POWELL COURT, STE 200		<b>Transaction ID: 70919.C1728</b>	
City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00347955		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C. MAYNARD CORPORATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 1901 6TH AVE N 2400 AMSOUTH/HARBERT PL		<b>Transaction ID: 71015.C1743</b>	
City State Zip Code BIRMINGHAM AL 35203	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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 / 27
	<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) <b>A. MEDICAL FACILITIES OF AMERICA, INC. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007
Mailing Address 2917 PENN FOREST BLVD, SUITE 300		<b>Transaction ID: 70919.C1729</b>
City State Zip Code ROANOKE VA 24018	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00405472	Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. REGIONS FINANCIAL CORPORATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007
Mailing Address 417 20TH ST, NORTH		<b>Transaction ID: 71015.C1745</b>
City State Zip Code BIRMINGHAM AL 35202	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SUN HEALTHCARE PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007
Mailing Address 101 SUN AVENUE, N.E.		<b>Transaction ID: 70919.C1722</b>
City State Zip Code ALBUQUERQUE NM 87109-4373	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00398826	Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 27
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
ORRINPAC

Full Name (Last, First, Middle Initial) <b>A. THE FINANCIAL SERVICES ROUNDTABLE PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2007
Mailing Address 805 15TH STREET NW., SUITE 600		<b>Transaction ID: 71015.C1738</b>
City WASHINGTON State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00193177	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. TORCHMARK CORPORATION</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2007
Mailing Address 2001 3RD AVENUE S		<b>Transaction ID: 71015.C1748</b>
City BIRMINGHAM State AL Zip Code 35233-2115	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5000.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. VANGUARD HEALTH MANAGEMENT INC. PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2007
Mailing Address 20 BURTON HILLS BLVD, STE 100		<b>Transaction ID: 70914.C1721</b>
City NASHVILLE State TN Zip Code 37215-6154	FEC ID number of contributing federal political committee. <b>C</b> C00380402	Amount of Each Receipt this Period 5000.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12000.00
<b>TOTAL</b> 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 / 27
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
WINSTON & STRAWN, LLP PAC

Mailing Address 1700 K STREET, NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00282921

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	7

Transaction ID: 71015.C1747

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	50500.00

# 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 14 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
PATRICK M. BYRNE

Mailing Address 700 BITNER ROAD

City State Zip Code  
PARK CITY UT 84098

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

Name of Employer Occupation  
OVERSTOCK.COM C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2007

Transaction ID: 70914.C1717

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
J. NORMAN ESTES

Mailing Address 11142 TELMAR DRIVE  
931 FAIRFAX PARK, TUSCALOOSA AL

City State Zip Code  
NORTHPORT AL 35475

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

Name of Employer Occupation  
NHS MANAGEMENT LLC PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2007

Transaction ID: 70919.C1725

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
MRS. R. E. HOLDING

Mailing Address 760 SUNLIGHT RD

City State Zip Code  
CODY WY 82414-0098

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

Name of Employer Occupation  
THE SINCLAIR COMPANIES OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2007

Transaction ID: 71015.C1749

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<b>TOTAL</b> 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 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ORRINPAC

Full Name (Last, First, Middle Initial) <b>A. R. E. HOLDING</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 760 SUNLIGHT RD		<b>Transaction ID: 71015.C1750</b>	
City State Zip Code CODY WY 82414-0098	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation THE SINCLAIR COMPANIES OWNER	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. STEPHEN HOLDING</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 4061 MT. OLYMPUS WY		<b>Transaction ID: 71015.C1751</b>	
City State Zip Code SALT LAKE CITY UT 84124	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation THE SINCLAIR COMPANIES VICE CHAIRMAN	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. LEARNING INSTITUTE FOR ENRICHMENT LLC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address dba L.I.F.E. THERAPY 644 GOFFLE ROAD		<b>Transaction ID: 70919.C1730</b>	
City State Zip Code HAWTHORNE NJ 07506	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> 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 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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)  
ROBERT VAN DYKE

Mailing Address 644 GOFFLE ROAD

City State Zip Code  
HAWTHORNE NJ 07506

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

Name of Employer  
LEARNING INSTITUTE FOR ENRICHMENT

Occupation  
PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2007

Transaction ID: 70919.C1731

Amount of Each Receipt this Period  
1000.00

Memo  
**[MEMO ITEM]**  
Partnership->LEARNING INSTITUTE FOR ENRICHMENT LLC

**B.** Full Name (Last, First, Middle Initial)  
PETER LICARI

Mailing Address 780 LEWIS LANE

City State Zip Code  
AMBLER PA 19002

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

Name of Employer  
COMPLETE HEALTH CARE RESOURCES

Occupation  
PRESIDENT & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2007

Transaction ID: 70919.C1724

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
G. RUFFNER PAGE

Mailing Address 3132 OVERHILL RD

City State Zip Code  
BIRMINGHAM AL 35223

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

Name of Employer  
MCWANE, INC.

Occupation  
PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2007

Transaction ID: 71015.C1744

Amount of Each Receipt this Period  
2000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 27
	(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)  
FLOYD A. SCHLOSSBERG

Mailing Address 7752 ARCADIA STREET

City State Zip Code  
MORTON GROVE IL 60053-1609

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

Name of Employer ALDEN MANAGEMENT SERVICES Occupation HEALTHCARE & REHABILITATIV

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2007

Transaction ID: 71015.C1746

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
GLENN L. SLATER

Mailing Address 405 MARLBOROUGH ST, APT. 52

City State Zip Code  
BOSTON MA 02115-1570

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

Name of Employer Fresenius Medical Care Occupation SENIOR VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2007

Transaction ID: 70914.C1720

Amount of Each Receipt this Period  
1500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	27000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 27	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
ZIONS BANK

Mailing Address 310 SOUTH MAIN STREET

City State Zip Code  
SALT LAKE CITY UT 84101-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.05

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	7

Transaction ID: 71015.C1786

Amount of Each Receipt this Period  
227.05

Interest Received

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	227.05
<b>TOTAL</b> This Period (last page this line number only) .....	▶	227.05

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

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 27

<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) <b>A. North Capitol Street Enterprises</b>		<b>Transaction ID: 71015.E1678</b> Date of Disbursement 09 / 21 / 2007
Mailing Address 400 North Capitol Street, NW Suite 585		Amount of Each Disbursement this Period 766.89
City WASHINGTON State DC Zip Code 20001-	OFFICE RENT	
Purpose of Disbursement OFFICE RENT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. THE MONOCLE</b>		<b>Transaction ID: 71015.E1686</b> Date of Disbursement 09 / 21 / 2007
Mailing Address 107 D STREET, N.W.		Amount of Each Disbursement this Period 404.00
City WASHINGTON State DC Zip Code 20002-	FUNDRAISING BREAKFAST	
Purpose of Disbursement FUNDRAISING BREAKFAST Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1170.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1170.89</b>

**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 / 27

<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) <b>A. ALEXANDER FOR SENATE 2008, INC.</b>		Transaction ID: 71015.E1661 Date of Disbursement 09 / 21 / 2007
Mailing Address 228 S WASHINGTON STREET, SUITE 115		Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA State VA Zip Code 22314-	Category/ Type  CONTRIBUTION TO PRIMARY	
Purpose of Disbursement CONTRIBUTION TO PRIMARY		
Candidate Name LAMAR ALEXANDER		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CHAMBLISS FOR SENATE</b>		Transaction ID: 71015.E1662 Date of Disbursement 09 / 21 / 2007
Mailing Address P.O. BOX 14269		Amount of Each Disbursement this Period 5000.00
City ATLANTA State GA Zip Code 30355-	Category/ Type  CONTRIBUTION TO GENERAL	
Purpose of Disbursement CONTRIBUTION TO GENERAL		
Candidate Name SAXBY CHAMBLISS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CITIZENS FOR COCHRAN</b>		Transaction ID: 71015.E1664 Date of Disbursement 09 / 21 / 2007
Mailing Address C/O CAROL HARDWICK P O BOX 22761		Amount of Each Disbursement this Period 5000.00
City JACKSON State MS Zip Code 39225-2761	Category/ Type  CONTRIBUTION TO PRIMARY	
Purpose of Disbursement CONTRIBUTION TO PRIMARY		
Candidate Name THAD COCHRAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. COLLINS FOR SENATOR</b>		Transaction ID: 71015.E1666 Date of Disbursement 09 / 21 / 2007
Mailing Address P.O. BOX 1096		Amount of Each Disbursement this Period 5000.00
City BANGOR State ME Zip Code 04402-1096	Purpose of Disbursement CONTRIBUTION TO GENERAL Category/Type	
Candidate Name SUSAN M COLLINS	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	CONTRIBUTION TO GENERAL
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Coleman for Senate 08</b>		Transaction ID: 71015.E1665 Date of Disbursement 09 / 21 / 2007
Mailing Address 7300 Hudson Blvd #270A		Amount of Each Disbursement this Period 5000.00
City SAINT PAUL State MN Zip Code 55128-	Purpose of Disbursement CONTRIBUTION TO GENERAL Category/Type	
Candidate Name NORM COLEMAN	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	CONTRIBUTION TO GENERAL
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ENZI FOR SENATE</b>		Transaction ID: 71015.E1667 Date of Disbursement 09 / 21 / 2007
Mailing Address P.O. BOX 2776		Amount of Each Disbursement this Period 5000.00
City CODY State WY Zip Code 82414-	Purpose of Disbursement CONTRIBUTION TO PRIMARY Category/Type	
Candidate Name MICHAEL B ENZI	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	CONTRIBUTION TO PRIMARY
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> 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 22 / 27

<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) <b>A. FRIENDS OF JIM INHOFE</b>		Transaction ID: 71015.E1668 Date of Disbursement
Mailing Address 3035 N.W. 63RD, #201N		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City OKLAHOMA CITY	State OK	Zip Code 73116-
Purpose of Disbursement CONTRIBUTION TO PRIMARY	<input type="text" value="5000.00"/>	
Candidate Name JAMES M INHOFE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION TO PRIMARY
State: OK	District: 00	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JOHN BARRASSO</b>		Transaction ID: 71017.E1691 Date of Disbursement
Mailing Address P.O. BOX 520008		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City CASPER	State WY	Zip Code 82605-
Purpose of Disbursement CONTRIBUTION TO GENERAL	<input type="text" value="5000.00"/>	
Candidate Name JOHN BARRASSO	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION TO GENERAL
State: WY	District: 00	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JOHN BARRASSO</b>		Transaction ID: 71017.E1690 Date of Disbursement
Mailing Address P.O. BOX 520008		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City CASPER	State WY	Zip Code 82605-
Purpose of Disbursement CONTRIBUTION TO PRIMARY	<input type="text" value="5000.00"/>	
Candidate Name JOHN BARRASSO	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION TO PRIMARY
State: WY	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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) <b>A. FRIENDS OF SESSIONS SENATE COMMITTEE, IN</b>		Transaction ID: 71015.E1671 Date of Disbursement 09 / 21 / 2007
Mailing Address P.O. BOX 4278		Amount of Each Disbursement this Period 5000.00
City MONTGOMERY State AL Zip Code 36103-	Purpose of Disbursement CONTRIBUTION TO PRIMARY	
Candidate Name JEFF SESSIONS	Category/ Type	CONTRIBUTION TO PRIMARY
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>B. JOHN T. DOOLITTLE FOR RE-ELECTION</b>		Transaction ID: 71015.E1673 Date of Disbursement 09 / 05 / 2007
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 5000.00
City SACRAMENTO State CA Zip Code 95833-	Purpose of Disbursement CONTRIBUTION TO PRIMARY	
Candidate Name JOHN T DOOLITTLE	Category/ Type	CONTRIBUTION TO PRIMARY
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>C. MCCONNELL SENATE COMMITTEE 08</b>		Transaction ID: 71015.E1676 Date of Disbursement 09 / 21 / 2007
Mailing Address P.O. BOX 1496		Amount of Each Disbursement this Period 5000.00
City LOUISVILLE State KY Zip Code 40201-	Purpose of Disbursement CONTRIBUTION TO PRIMARY	
Candidate Name MITCH MCCONNELL	Category/ Type	CONTRIBUTION TO PRIMARY
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 27

<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) <b>A. NATIONAL REPUBLICAN SENATORIAL COMM.</b>		Transaction ID: 71015.E1677 Date of Disbursement
Mailing Address 425 SECOND STREET, NE		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City WASHINGTON State DC Zip Code 20002-	Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period <input type="text" value="15000.00"/>
Candidate Name	Category/Type	CONTRIBUTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. PAT ROBERTS FOR SENATE</b>		Transaction ID: 71015.E1680 Date of Disbursement
Mailing Address BOX 433		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City GREAT BEND State KS Zip Code 67530-	Purpose of Disbursement CONTRIBUTION TO GENERAL	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name PAT ROBERTS	Category/Type	CONTRIBUTION TO GENERAL
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. STEVENS FOR SENATE COMMITTEE</b>		Transaction ID: 71015.E1682 Date of Disbursement
Mailing Address P O BOX 100879		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City ANCHORAGE State AK Zip Code 99510-	Purpose of Disbursement CONTRIBUTION TO PRIMARY	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name THEODORE F (TED) STEVENS	Category/Type	CONTRIBUTION TO PRIMARY
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="25000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<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) <b>A. STEVENS FOR SENATE COMMITTEE</b>		Transaction ID: 71015.E1681 Date of Disbursement 09 / 21 / 2007
Mailing Address P O BOX 100879		Amount of Each Disbursement this Period 5000.00
City ANCHORAGE State AK Zip Code 99510-	Category/ Type	
Purpose of Disbursement CONTRIBUTION TO GENERAL		
Candidate Name THEODORE F (TED) STEVENS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION TO GENERAL

Full Name (Last, First, Middle Initial) <b>B. Senator Elizabeth Dole Committee</b>		Transaction ID: 71015.E1679 Date of Disbursement 09 / 21 / 2007
Mailing Address P. O. BOX 2918		Amount of Each Disbursement this Period 5000.00
City RALEIGH State NC Zip Code 27602-	Category/ Type	
Purpose of Disbursement CONTRIBUTION TO GENERAL		
Candidate Name ELIZABETH DOLE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION TO GENERAL

Full Name (Last, First, Middle Initial) <b>C. TEXANS FOR SENATOR JOHN CORNYN, INC.</b>		Transaction ID: 71015.E1685 Date of Disbursement 09 / 21 / 2007
Mailing Address 6850 AUSTIN CENTER BLVD.		Amount of Each Disbursement this Period 5000.00
City AUSTIN State TX Zip Code 78731-	Category/ Type	
Purpose of Disbursement CONTRIBUTION TO PRIMARY		
Candidate Name JOHN CORNYN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION TO PRIMARY

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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<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) <b>A. TEXANS FOR SENATOR JOHN CORNYN, INC.</b>		Transaction ID: 71015.E1684																					
Mailing Address 6850 AUSTIN CENTER BLVD.		Date of Disbursement																					
City AUSTIN State TX Zip Code 78731-		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	1		2	0	0	7														
Purpose of Disbursement CONTRIBUTION TO GENERAL		Amount of Each Disbursement this Period																					
Candidate Name JOHN CORNYN		<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>		5000.00																			
5000.00																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008																					
State: TX District: 00		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																					
		<input type="checkbox"/> Other (specify) ▼																					
		Category/Type																					
		CONTRIBUTION TO GENERAL																					

Full Name (Last, First, Middle Initial) <b>B. Team Sununu</b>		Transaction ID: 71015.E1683																					
Mailing Address PO BOX 500		Date of Disbursement																					
City RYE State NH Zip Code 03870-		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	1		2	0	0	7														
Purpose of Disbursement CONTRIBUTION TO GENERAL		Amount of Each Disbursement this Period																					
Candidate Name JOHN E SUNUNU		<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>		5000.00																			
5000.00																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008																					
State: NH District: 00		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																					
		<input type="checkbox"/> Other (specify) ▼																					
		Category/Type																					
		CONTRIBUTION TO GENERAL																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>110000.00</b>

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

A. Full Name (Last, First, Middle Initial)  
**JOHN T. DOOLITTLE LEGAL EXPENSE FUND**

Mailing Address PO BOX 99

City OAKTON State VA Zip Code 22124-

Purpose of Disbursement DONATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 71015.E1675

Date of Disbursement  
09 / 05 / 2007

Amount of Each Disbursement this Period  
5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00