



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ORB PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		20423.69
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	20423.69									
(c) Total Receipts (from Line 19) .....	34278.73	34278.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	54702.42	54702.42								
7. Total Disbursements (from Line 31) .....	19100.00	19100.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35602.42	35602.42								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
ORB PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16998.67	16998.67
(i) Itemized (use Schedule A) .....	17280.06	17280.06
(ii) Unitemized .....	34278.73	34278.73
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	34278.73	34278.73
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	34278.73	34278.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	34278.73	34278.73

**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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19100.00	19100.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19100.00	19100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19100.00	19100.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	34278.73	34278.73
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34278.73	34278.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
ORBAPAC

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

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

Full Name (Last, First, Middle Initial) <b>C. WALTER S S. WRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 3256 E. KINGBIRD PLACE		<b>Transaction ID: PR1006387816653</b>	
City <b>CHANDLER</b>	State <b>AZ</b>	Amount of Each Receipt this Period 238.32	
Zip Code 85249			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Orbital Sciences Corporat- ion	Occupation ENGINEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.32	P/R Deduction (\$19.86 Bi- Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1538.32
<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 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ORB PAC

Full Name (Last, First, Middle Initial) <b>A. JOHN F F. MCCARTHY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1027 CHALLEDON RD.		<b>Transaction ID: PR629557316653</b>	
City State Zip Code GREAT FALLS VA 22066	Amount of Each Receipt this Period _____ 248.78		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Orbital Sciences Corporat- ion	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 248.78	P/R Deduction (\$35.54 Bi- Weekly)	

Full Name (Last, First, Middle Initial) <b>B. RONALD J J. GRABE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2653 E. SCORPIO PLACE		<b>Transaction ID: PR629576916653</b>	
City State Zip Code CHANDLER AZ 85249	Amount of Each Receipt this Period _____ 475.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Orbital Sciences Corporat- ion	Occupation GENERAL MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 475.00	P/R Deduction (\$75.00 Bi- Weekly)	

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>947.22</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 10 / 25
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORB PAC

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

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

Full Name (Last, First, Middle Initial) <b>C. SATYAPRASAD P. MAGANTY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4709 W. Carla Vista		<b>Transaction ID: PR629590316653</b>
City State Zip Code Chandler AZ 85226	Amount of Each Receipt this Period _____ 211.40	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$31.11 Bi-Weekly)	
Name of Employer Orbital Sciences Corporat- ion Occupation Director	Aggregate Year-to-Date ▼ _____ 211.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>667.31</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 11 / 25
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORBAPAC

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>921.21</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 12 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ORB PAC

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	935.00
<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 13 / 25
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORB PAC

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>3388.07</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 14 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ORB PAC

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1008.29</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 15 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ORB PAC

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>851.91</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 16 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ORB PAC

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1267.34
<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 17 / 25
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORBAPAC

Full Name (Last, First, Middle Initial) <b>A. RONALD D D. WILEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5551 W. GAIL DR.		<b>Transaction ID: PR629789516653</b>	
City <b>CHANDLER</b>	State <b>AZ</b>	Zip Code <b>85226</b>	Amount of Each Receipt this Period _____ 280.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Orbital Sciences Corporat- ion	Occupation Sr. VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 280.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. TERRY R R. LUCHI</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1823 W. CANARY WAY		<b>Transaction ID: PR629804316653</b>	
City <b>CHANDLER</b>	State <b>AZ</b>	Zip Code <b>85248</b>	Amount of Each Receipt this Period _____ 240.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Orbital Sciences Corporat- ion	Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. KEVEN L L. LEITH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 462 WEST CAROB DRIVE		<b>Transaction ID: PR629826716653</b>	
City <b>CHANDLER</b>	State <b>AZ</b>	Zip Code <b>85248</b>	Amount of Each Receipt this Period _____ 448.28
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Orbital Sciences Corporat- ion	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 448.28		
		P/R Deduction (\$64.04 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>968.28</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 18 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ORB PAC

Full Name (Last, First, Middle Initial) <b>A. GREGG E E. BURGESS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 10306 BRANDEBURG COURT		<b>Transaction ID: PR629827616653</b>
City State Zip Code GREAT FALLS VA 22066	Amount of Each Receipt this Period _____ 240.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Orbital Sciences Corporat- ion Occupation SENIOR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$40.00 Bi- Weekly)

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

Full Name (Last, First, Middle Initial) <b>C. ANTONIO L L. ELIAS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7907 ARIEL WAY		<b>Transaction ID: PR760535516653</b>
City State Zip Code MCLEAN VA 22102	Amount of Each Receipt this Period _____ 269.50	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Orbital Sciences Corporat- ion Occupation Exec. VP and GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 269.50	P/R Deduction (\$38.50 Bi- Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>859.50</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 19 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ORBAPAC

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

Full Name (Last, First, Middle Initial) <b>B. MICHAEL R R. WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 16958 HEATHER KNOLLS PLACE		<b>Transaction ID: PR7605399116653</b>
City State Zip Code HAMILTON VA 20158	Amount of Each Receipt this Period _____ 350.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Orbital Sciences Corporat- ion	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00	P/R Deduction (\$50.00 Bi- Weekly)

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>992.20</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:	PAGE 20 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORBAPAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL P P. DO

Mailing Address 2723 RUSHING BROOK LANE

City State Zip Code  
OAK HILL VA 20171

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

Name of Employer Occupation  
Orbital Sciences Corporat- ion DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

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

**Transaction ID:** PR760580216653

Amount of Each Receipt this Period  
234.00

P/R Deduction (\$39.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ANN C C. GRANDFIELD

Mailing Address 405 MOOREFIELD ROAD

City State Zip Code  
VIENNA VA 22180

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

Name of Employer Occupation  
Orbital Sciences Corporat- ion DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

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

**Transaction ID:** PR760582116653

Amount of Each Receipt this Period  
240.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>474.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>16998.67</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 21 / 25

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

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NAME OF COMMITTEE (In Full)  
ORB PAC

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

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

Full Name (Last, First, Middle Initial) <b>C. Northern Lights PAC</b>		<b>Transaction ID:</b> 12022380 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 2566		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20013		
Purpose of Disbursement	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<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)

PAGE 22 / 25

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

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NAME OF COMMITTEE (In Full)  
ORB PAC

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

PAGE 23 / 25

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

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NAME OF COMMITTEE (In Full)  
ORB PAC

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2100.00
<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)

PAGE 24 / 25

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

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NAME OF COMMITTEE (In Full)  
ORB PAC

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<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 25 / 25

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

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NAME OF COMMITTEE (In Full)  
ORB PAC

Full Name (Last, First, Middle Initial) <b>A. Ken Calvert For Congress</b>		Transaction ID: 12253803 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 104 Hume Avene		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22301	Purpose of Disbursement	011 Category/ Type	
Candidate Name Ken Calvert		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 43		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	19100.00