



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ORRINPAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		200304.06
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	120428.67									
(c) Total Receipts (from Line 19) .....	98298.26	202485.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	218726.93	402789.39								
7. Total Disbursements (from Line 31) .....	17189.00	201251.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	201537.93	201537.93								
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  
ORRINPAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	65500.00	111000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	65500.00	111000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	32500.00	89300.00
(c) Other Political Committees (such as PACs) .....	98000.00	200300.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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.) .....	298.26	2185.33
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)) .....	98298.26	202485.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	98298.26	202485.33

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13189.00	80451.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	13189.00	80451.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	111000.00
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) .....	2000.00	2000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	2000.00	2000.00
29. Other Disbursements.....	2000.00	7800.00
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))..	17189.00	201251.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17189.00	201251.46

**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 .....	98000.00	200300.00
34. Total Contribution Refunds (from Line 28(d)) .....	2000.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	96000.00	198300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13189.00	80451.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13189.00	80451.46

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<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)  
ORRINPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) BRUCE H. ALFREDS	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 3730 MONTY CIR	<b>Transaction ID:</b> 80514.C2004
	City State Zip Code CARMEL IN 46032	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer HERFF JONES, INC.	Occupation VP, BUSINESS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) SUNNY BEUTLER	Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address 1129 VIA MIRABEL	<b>Transaction ID:</b> 80514.C1986
	City State Zip Code PALOS VERDES CA 90274	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer SUNRIDER INTERNATIONAL	Occupation DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ERIC CHEN	Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address 1129 VIA MIRABEL	<b>Transaction ID:</b> 80514.C1992
	City State Zip Code PALOS VERDES CA 90274	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer N/A	Occupation Graduate Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>10250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JONATHAN CHEN		Date of Receipt
	Mailing Address 1129 VIA MIRABEL		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	PALOS VERDES	CA	90274
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer N/A		Occupation STUDENT	Transaction ID: 80514.C1995
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
Receipt			

<b>B.</b>	Full Name (Last, First, Middle Initial) KATIE CHEN		Date of Receipt
	Mailing Address 1129 VIA MIRABEL		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	PALOS VERDES	CA	90274
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer N/A		Occupation HOUSEWIFE	Transaction ID: 80514.C1987
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
Receipt			

<b>C.</b>	Full Name (Last, First, Middle Initial) OI-LIN CHEN		Date of Receipt
	Mailing Address 1129 VIA MIRABEL		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	PALOS VERDES	CA	90274-1607
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer INFORMATION REQUESTED		Occupation Information Requested	Transaction ID: 80514.C1989
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
Receipt			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 23

(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)  
**REUBEN CHEN**

Mailing Address **1129 VIA MIRABEL**

City **PALOS VERDES** State **CA** Zip Code **90274-2045**

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

Name of Employer **SELF EMPLOYED** Occupation **MEDICAL DOCTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **05 / 02 / 2008**

**Transaction ID: 80514.C1990**

Amount of Each Receipt this Period **5000.00**

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
**TEI FU CHEN**

Mailing Address **1129 VIA MIRABEL**

City **PALOS VERDES** State **CA** Zip Code **90274-2045**

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

Name of Employer **SUNRIDER INTERNATIONAL** Occupation **CHAIRMAN**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **05 / 02 / 2008**

**Transaction ID: 80514.C1988**

Amount of Each Receipt this Period **5000.00**

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
**JONATHAN A. DYMIT**

Mailing Address **16131 CROSSANDRA CIR SE**

City **PRIOR LAKE** State **MN** Zip Code **55372-3332**

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

Name of Employer **Waiman Optical Company** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **05 / 05 / 2008**

**Transaction ID: 80514.C2000**

Amount of Each Receipt this Period **1000.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>JIM GRAMOLL</b></p> <p>Mailing Address <b>2760 S. IRENE DR</b></p> <hr/> <p>City <b>BOUNTIFUL</b> State <b>UT</b> Zip Code <b>84010</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>GRAMOLL CONSTRUCTION CO.</b> Occupation <b>CONSTRUCTION MGR</b></p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 2 0 / 2 0 0 8</span></p> <p><b>Transaction ID: 80520.C2012</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>DAVID S. HOMEIER</b></p> <p>Mailing Address <b>609 HORATIO DR</b></p> <hr/> <p>City <b>AVON</b> State <b>IN</b> Zip Code <b>46123-7270</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>HERFF JONES, INC.</b> Occupation <b>DIVISION CONTROLLER</b></p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 0 5 / 2 0 0 8</span></p> <p><b>Transaction ID: 80514.C2003</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Receipt</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>J. MICHAEL LAZARUS</b></p> <p>Mailing Address <b>60 OLD COLONY RD</b></p> <hr/> <p>City <b>WELLESLEY HILLS</b> State <b>MA</b> Zip Code <b>02481</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>Fresenius Medical Care</b> Occupation <b>CHIEF MEDICAL OFFICER</b></p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">3000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 2 8 / 2 0 0 8</span></p> <p><b>Transaction ID: 80606.C2013</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">3000.00</span></p> <p>Receipt</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">4250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 23
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) BEN J. LIPPS	Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address 95 HAYDEN AVE	<b>Transaction ID:</b> 80606.C2014
	City State Zip Code LEXINGTON MA 02421-3378	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Fresenius Medical Care	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RICHARD RICHARDS	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 5273 DAYBREAK DR	<b>Transaction ID:</b> 80514.C2008
	City State Zip Code OGDEN UT 84403	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Richards Consulting Services.	Occupation SELF-EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DIANE M. SLATER	Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address 405 MARLBOROUGH ST, APT. 52	<b>Transaction ID:</b> 80606.C2016
	City State Zip Code BOSTON MA 02115-1570	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer N/A	Occupation HOUSEWIFE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	9500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 23  
(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)  
THOMAS CARTER TANTON

Mailing Address 2501 WINWARD BLVD

City State Zip Code  
CHAMPAIGN IL 61821

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

Name of Employer Occupation  
HERFF JONES, INC. VP & GENERAL MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 8

Transaction ID: 80514.C2005

Amount of Each Receipt this Period  
250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
JOHN JOSEPH TENG

Mailing Address 1129 VIA MIRABEL

City State Zip Code  
PALOS VERDES CA 90274

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

Name of Employer Occupation  
SUNRIDER INTERNATIONAL MANAGER, SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 2 / 2 0 0 8

Transaction ID: 80514.C1994

Amount of Each Receipt this Period  
5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
WENDY CHUNYU TENG

Mailing Address 1129 VIA MIRABEL

City State Zip Code  
PALOS VERDES CA 90274

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

Name of Employer Occupation  
SUNRIDER INTERNATIONAL VP, MARKETING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 2 / 2 0 0 8

Transaction ID: 80514.C1993

Amount of Each Receipt this Period  
5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10250.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
KENT D. WANZEK

Mailing Address 5 CHONGRIS CIR

City ANDOVER State MA Zip Code 01810

FEC ID number of contributing federal political committee. C

Name of Employer Fresenius Medical Care Occupation PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
05 / 05 / 2008

Transaction ID: 80514.C2006

Amount of Each Receipt this Period 5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL S. WILLIAMS

Mailing Address 656 E. VILLAGE DR

City CARMEL State IN Zip Code 46032

FEC ID number of contributing federal political committee. C

Name of Employer HERFF JONES, INC. Occupation VP, HUMAN RESOURCES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
05 / 05 / 2008

Transaction ID: 80514.C2002

Amount of Each Receipt this Period 250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">5250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">65500.00</span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 23
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) AMSTED INDUSTRIES - PAC AMSTED		Date of Receipt
	Mailing Address TWO PRUDENTIAL PLAZA 180 N STETSON AVE, STE 1800		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CHICAGO	IL	60601-6808
	FEC ID number of contributing federal political committee.		Transaction ID: 80514.C1999
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) FOOD MARKETING INST. PAC - FOODPAC		Date of Receipt
	Mailing Address 50 F ST, NW, STE 600		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	WASHINGTON	DC	20001-5701
	FEC ID number of contributing federal political committee.		Transaction ID: 80514.C2007
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
		<input type="text" value="2500.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) FRESENIUS MEDICAL CARE NA PAC		Date of Receipt
	Mailing Address 920 WINTER ST		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	WALTHAM	MA	02451
	FEC ID number of contributing federal political committee.		Transaction ID: 80606.C2018
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 23  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
GARNEY HOLDING CO. PAC

Mailing Address 1333 NW VIVION RD

City State Zip Code  
KANSAS CITY MO 64118-4554

FEC ID number of contributing federal political committee. **C** C00442905

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 8

**Transaction ID:** 80514.C2001

Amount of Each Receipt this Period  
2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
KIDNEY CARE COUNCIL INC. PAC

Mailing Address c/o ALSTON & BIRD  
950 F ST, NW, 8TH FLR

City State Zip Code  
WASHINGTON DC 20004-1404

FEC ID number of contributing federal political committee. **C** C00326736

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 8

**Transaction ID:** 80606.C2017

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
LIFETOUCH INC. PAC

Mailing Address 11000 VIKING DR, STE 400

City State Zip Code  
EDEN PRAIRIE MN 55344

FEC ID number of contributing federal political committee. **C** C00405241

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 8

**Transaction ID:** 80514.C1996

Amount of Each Receipt this Period  
2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6500.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
MESSER CONSTRUCTION PAC  
Mailing Address 5158 FISHWICK DR  
City CINCINNATI State OH Zip Code 45216-2216  
FEC ID number of contributing federal political committee. **C** C00435990  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 05 / 05 / 2008  
Transaction ID: 80514.C1998  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
NACDS PAC  
Mailing Address 413 N. LEE ST  
City ALEXANDRIA State VA Zip Code 22314-1480  
FEC ID number of contributing federal political committee. **C** C00022368  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 05 / 29 / 2008  
Transaction ID: 80606.C2022  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
NAT. ASSOC. OF CONVENIENCE STORES PAC  
Mailing Address NACS PAC  
1600 DUKE STREET  
City ALEXANDRIA State VA Zip Code 22314-3436  
FEC ID number of contributing federal political committee. **C** C00126763  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt 05 / 28 / 2008  
Transaction ID: 80606.C2019  
Amount of Each Receipt this Period 2500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 23  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL RESTAURANT ASSN PAC

Mailing Address 1200 SEVENTEENTH ST, NW

City State Zip Code  
WASHINGTON DC 20036-3097

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY  
05 / 01 / 2008

Transaction ID: 80514.C1985

Amount of Each Receipt this Period: 2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
SOUTHERN COMPANY EMPLOYEES PAC

Mailing Address 241 RALPH MCGILL BLVD NE

City State Zip Code  
ATLANTA GA 30308

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
05 / 29 / 2008

Transaction ID: 80606.C2023

Amount of Each Receipt this Period: 1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
THE TRAVELERS COMPANY PAC

Mailing Address ONE TOWER SQ

City State Zip Code  
HARTFORD CT 06183

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY  
05 / 29 / 2008

Transaction ID: 80606.C2021

Amount of Each Receipt this Period: 2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC.

Mailing Address GOOD GOVERNMENT CLUB  
1300 I ST, NW, 4TH FLR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 5 / 2 0 0 8

**Transaction ID:** 80514.C1997

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
WAL\*PAC

Mailing Address WAL-MART STORES INC. PAC  
702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716-0150

FEC ID number of contributing federal political committee. **C** C00093054

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 Y  
 0 5 / 1 6 / 2 0 0 8

**Transaction ID:** 80520.C2010

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
WAL\*PAC

Mailing Address WAL-MART STORES INC. PAC  
702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716-0150

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8

**Transaction ID:** 80520.C2011

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7000.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **32500.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 23	
	(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		Date of Receipt
Mailing Address 310 SOUTH MAIN ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 3 0 / 2 0 0 8
City	State	Zip Code
SALT LAKE CITY	UT	84101-
FEC ID number of contributing federal political committee.		Transaction ID: 80606.C2024
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 298.26
Occupation		Interest Received
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		
<input type="text"/> 2185.33		

SUBTOTAL of Receipts This Page (optional) .....	<input type="text"/> 298.26
TOTAL This Period (last page this line number only) .....	<input type="text"/> 298.26

# 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 / 23

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

A.

Full Name (Last, First, Middle Initial)  
CBIZ FPG, LLC

Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101-

Purpose of Disbursement  
Accounting fees  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80606.E1801  
Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

2480.74

ACCOUNTING FEES

B.

Full Name (Last, First, Middle Initial)  
SARA EBERT

Mailing Address 552 WEST 925 NORTH

City State Zip Code  
CENTERVILLE UT 84014-

Purpose of Disbursement  
ITEMIZE:Voided prior period check  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80606.E1810  
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

-302.55

:VOIDED PRIOR PERIOD CHECK

C.

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

Mailing Address P.O. BOX 2204

City State Zip Code  
WASHINGTON DC 20013-

Purpose of Disbursement  
Pac consulting  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80606.E1802  
Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

8000.00

PAC CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶

10178.19

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 20 / 23

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

A.

Full Name (Last, First, Middle Initial)  
North Capitol Street Enterprises

Transaction ID: 80606.E1803  
Date of Disbursement

Mailing Address 400 North Capitol Street, NW  
Suite 585

MM / DD / YYYY  
05 / 15 / 2008

City State Zip Code  
WASHINGTON DC 20001-

Amount of Each Disbursement this Period

836.36

Purpose of Disbursement  
Office rent and phone

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

OFFICE RENT AND PHONE

State: District:

B.

Full Name (Last, First, Middle Initial)  
NORTHCIRCLE, LLC

Transaction ID: 80606.E1804  
Date of Disbursement

Mailing Address 552 WEST 925 NORTH CIRCLE

MM / DD / YYYY  
05 / 15 / 2008

City State Zip Code  
CENTERVILLE UT 84014-

Amount of Each Disbursement this Period

302.55

Purpose of Disbursement  
Pac consulting

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

PAC CONSULTING

State: District:

C.

Full Name (Last, First, Middle Initial)  
THE MONOCLE

Transaction ID: 80606.E1805  
Date of Disbursement

Mailing Address 107 D STREET, N.W.

MM / DD / YYYY  
05 / 15 / 2008

City State Zip Code  
WASHINGTON DC 20002-

Amount of Each Disbursement this Period

564.50

Purpose of Disbursement  
Pac luncheon

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

PAC LUNCHEON

State: District:

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

1703.41

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 22 / 23

<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)  
AMERICAN HEART ASSOCIATION

Transaction ID: 80606.E1800

Date of Disbursement

Mailing Address 144 SOUTH 500 EAST

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	8

City State Zip Code  
SALT LAKE CITY UT 84102-

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
DONATION

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2000.00
---------

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

2000.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 23

<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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ORRINPAC

A.

Full Name (Last, First, Middle Initial)  
WELLPOINT, INC. WELLPAC

Transaction ID: 80606.E1807

Date of Disbursement

Mailing Address 120 MONUMENT CIR

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	8

City State Zip Code  
INDIANAPOLIS IN 46204-4903

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Refund of Contribution Refund of excess

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2000.00
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TOTAL This Period (last page this line number only) ..... ►

2000.00
---------