

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
ORRINPAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		63136.16
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	56053.82									
(c) Total Receipts (from Line 19)	22025.00	454102.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	78078.82	517238.66								
7. Total Disbursements (from Line 31)	2694.06	441853.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	75384.76	75384.76								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
ORRINPAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	201045.00
(ii) Unitemized	2525.00	43807.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2525.00	244852.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	14500.00	204250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17025.00	449102.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5000.00
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))	22025.00	454102.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22025.00	454102.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	694.06	161103.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	694.06	161103.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	261000.00
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	1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1000.00
29. Other Disbursements.....	1000.00	18750.00
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))..	2694.06	441853.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2694.06	441853.90

DETAILED SUMMARY PAGE
of Disbursements

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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)	17025.00	449102.50
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17025.00	448102.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	694.06	161103.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	694.06	161103.90

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

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

NAME OF COMMITTEE (In Full)
ORRINPAC

A.	Full Name (Last, First, Middle Initial) ABBOTT LABORATORIES EMPL. PAC		Date of Receipt
	Mailing Address 100 ABBOT PARK RD		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	NORTH CHICAGO	IL	60064-6028
	FEC ID number of contributing federal political committee.		Transaction ID: 01012.C3810
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date	<input type="text" value="3000.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5000.00"/>	Receipt
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) AMGEN PAC		Date of Receipt
	Mailing Address ONE AMGEN CENTER DR		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	NEWBURY PARK	CA	91320-1789
	FEC ID number of contributing federal political committee.		Transaction ID: 01012.C3811
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date	<input type="text" value="4000.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5000.00"/>	Receipt
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) BOWLING PROPRIETORS ASSOC PAC		Date of Receipt
	Mailing Address 615 SIF FLAGS DRIVE		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	ARLINGTON	TX	76011
	FEC ID number of contributing federal political committee.		Transaction ID: 01012.C3808
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date	<input type="text" value="2500.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="2500.00"/>	Receipt
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="9500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 11	
	(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) FED OF AMERICAN HOSPITALS PAC		Date of Receipt
	Mailing Address 750 9TH ST, NW, STE 600		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WASHINGTON	DC	20001-4524
	FEC ID number of contributing federal political committee.		Transaction ID: 01012.C3809
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5000.00"/>	Receipt
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="14500.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 11	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORRINPAC

A.	Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND		Date of Receipt
	Mailing Address P. O. BOX 133		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WILMINGTON	DE	19899-
	FEC ID number of contributing federal political committee.		Transaction ID: 01015.C3814
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="5000.00"/>	
Refund of Contribution Made			
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ORRINPAC

A.	Full Name (Last, First, Middle Initial) Isabellas Catering	Transaction ID: 01015.E2227 Date of Disbursement 10 / 06 / 2010
	Mailing Address 2674 West 9000 South	Amount of Each Disbursement this Period 308.55
	City WEST JORDAN State UT Zip Code 84088-	
	Purpose of Disbursement Pac event catering	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) ▼
		PAC EVENT CATERING

B.	Full Name (Last, First, Middle Initial) RootsHQ, LLC	Transaction ID: 01015.E2231 Date of Disbursement 10 / 13 / 2010
	Mailing Address 211 7th Avenue North Suite LL-15	Amount of Each Disbursement this Period 214.54
	City NASHVILLE State TN Zip Code 37219-	
	Purpose of Disbursement Online merchant fee	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) ▼
		ONLINE MERCHANT FEE

C.	Full Name (Last, First, Middle Initial) ZIONS BANK	Transaction ID: 01015.E2230 Date of Disbursement 10 / 06 / 2010
	Mailing Address 310 SOUTH MAIN ST	Amount of Each Disbursement this Period 170.97
	City SALT LAKE CITY State UT Zip Code 84101-	
	Purpose of Disbursement Service fee	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) ▼
		SERVICE FEE

SUBTOTAL of Disbursements This Page (optional)	694.06
TOTAL This Period (last page this line number only)	694.06

**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 10 / 11

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

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NAME OF COMMITTEE (In Full)
ORRINPAC

A.	Full Name (Last, First, Middle Initial) Palazzo For Congress		Transaction ID: 01015.E2229	
	Mailing Address 13155 HIGHWAY 67 SUITE B		Date of Disbursement 10 / 11 / 2010	
City BILOXI		State MS	Zip Code 39532-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION			Category/ Type CONTRIBUTION	
Candidate Name STEVEN PALAZZO				
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MS		District: 04		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

<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)
LOHRA MILLER FOR DISTRICT ATTORNEY

Transaction ID: 01015.E2228

Date of Disbursement

Mailing Address 2461 WEST JORDAN MEADOWS LANE

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

City WEST JORDAN State UT Zip Code 84084-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION TO STATE CANDIDATE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00
