

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines

ADDRESS (number and street) 175 S. WEST TEMPLE, SUITE 650 SALT LAKE CITY UT 84101

2. FEC IDENTIFICATION NUMBER C00235572 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, Convention, General, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 01 2009 through 11 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer STANLEY R. DE WAAL

Signature of Treasurer Electronically Filed by STANLEY R. DE WAAL Date 12 17 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only table with 7 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ORRINPAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		146667.45
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	52641.75									
(c) Total Receipts (from Line 19) .....	24500.00	179667.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	77141.75	326335.29								
7. Total Disbursements (from Line 31) .....	34354.87	283548.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	42786.88	42786.88								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
ORRINPAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	500.00	41050.00
(ii) Unitemized .....	0.00	8781.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	500.00	49831.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	24000.00	129500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	24500.00	179331.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	336.34
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	24500.00	179667.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24500.00	179667.84

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	13354.87	178048.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13354.87	178048.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	88500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	17000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	34354.87	283548.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34354.87	283548.41

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	24500.00	179331.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24500.00	179331.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13354.87	178048.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13354.87	178048.41

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

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

FOR LINE NUMBER: PAGE 6 / 15  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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)  
ALTRIA GROUP, INC. PAC

Mailing Address 101 CONSTITUTION AVE, NW

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00089136

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  
 1 1 / 0 3 / 2 0 0 9

**Transaction ID:** 91113.C2488

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address ONE AMGEN CENTER DR

City State Zip Code  
NEWBURY PARK CA 91320-1789

FEC ID number of contributing federal political committee. **C** C00251876

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  
 1 1 / 0 9 / 2 0 0 9

**Transaction ID:** 91113.C2493

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
BOSTON SCIENTIFIC CORP. PAC

Mailing Address ONE BOSTON SCIENTIFIC PL

City State Zip Code  
NATICK MA 01760

FEC ID number of contributing federal political committee. **C** C00357863

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  
 1 1 / 1 3 / 2 0 0 9

**Transaction ID:** 91116.C2499

Amount of Each Receipt this Period  
2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00

**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 7 / 15  
(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)  
CAREMARK RX INC EMPLY PAC

Mailing Address 1300 I STREET, NW, STE 525 W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2009  
**Transaction ID:** 91113.C2494  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
COUNCIL OF INSURANCE AGENTS & BROKERS

Mailing Address 701 PENNSYLVANIA AVE, NW, STE 750

City WASHINGTON State DC Zip Code 20004-2608

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2009  
**Transaction ID:** 91116.C2500  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS & BROKERS P

Mailing Address 412 FIRST ST, SE, STE 300

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2009  
**Transaction ID:** 91116.C2501  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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: (check only one)	PAGE 8 / 15
	<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) MERCK PAC	Date of Receipt MM / DD / YYYY 11 / 23 / 2009
	Mailing Address 601 PENNSYLVANIA AVE, NW NORTH BLDG, STE 1200	Transaction ID: 91113.C2492
	City WASHINGTON State DC Zip Code 20004	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00097485	Receipt
	Name of Employer Occupation 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) MORTGAGE BANKERS ASSOCIATION PAC	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address 1919 PENNSYLVANIA AVE, NW	Transaction ID: 91113.C2489
	City WASHINGTON State DC Zip Code 20006-3404	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00004812	Receipt
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) REITPAC REAL ESTATES INVESTMENTS TRUST	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address 1875 I STREET, NW, STE 600	Transaction ID: 91113.C2490
	City WASHINGTON State DC Zip Code 20006-5413	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00303339	Receipt
	Name of Employer Occupation 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) .....	11000.00
<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 9 / 15  
(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)  
SALLIE MAE, INC. PAC

Mailing Address 12061 BLUEMONT WY

City RESTON State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00331835

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  
 1 1 / 0 3 / 2 0 0 9

**Transaction ID:** 91113.C2491

Amount of Each Receipt this Period  
 1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
UNITEDHEALTH GROUP, INC. PAC

Mailing Address 9900 BREN ROAD EAST

City HOPKINS State MN Zip Code 55343

FEC ID number of contributing federal political committee. **C** C00274431

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  
 1 1 / 2 4 / 2 0 0 9

**Transaction ID:** 91214.C2503

Amount of Each Receipt this Period  
 1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**TOTAL** This Period (last page this line number only) ..... ► 24000.00

**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 / 15
	<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) CORIE CHAN	Date of Receipt MM / DD / YYYY 11 / 01 / 2009
	Mailing Address 175 S. WEST TEMPLE, STE 650	Transaction ID: 91214.C2620
	City State Zip Code SALT LAKE CITY UT 84101	Amount of Each Receipt this Period 97.70
	FEC ID number of contributing federal political committee. <b>C</b>	Memo
Name of Employer CBIZ MHM LLC	Occupation Campaign Finance Specialist	<b>[MEMO ITEM]</b> NOTE: Exempt accounting
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) SAM GEDULDIG	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address 1519 PATHFINDER LN	Transaction ID: 91113.C2487
	City State Zip Code MC LEAN VA 22101	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer CLARK & ASSOCIATES	Occupation ASSOCIATE PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) WINNY MUGWEH	Date of Receipt MM / DD / YYYY 11 / 01 / 2009
	Mailing Address 175 S. WEST TEMPLE, STE 650	Transaction ID: 91214.C2621
	City State Zip Code SALT LAKE CITY UT 84101	Amount of Each Receipt this Period 86.10
	FEC ID number of contributing federal political committee. <b>C</b>	Memo
Name of Employer CBIZ MHM LLC	Occupation Campaign Finance Associate	<b>[MEMO ITEM]</b> NOTE: Exempt accounting
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>500.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Autumn E-Media</p> <p>Mailing Address PO Box 371553</p> <p>City LAS VEGAS State NV Zip Code 89137-</p> <p>Purpose of Disbursement Pac consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91214.E2040</p> <p>Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>PAC CONSULTING</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CBIZ MHM, LLC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101-</p> <p>Purpose of Disbursement Accounting fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91214.E2043</p> <p>Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 3099.44</p> <p>ACCOUNTING FEES</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) NATIONAL POLITICAL ASSOCIATES</p> <p>Mailing Address P.O. BOX 2204</p> <p>City WASHINGTON State DC Zip Code 20013-</p> <p>Purpose of Disbursement Pac consulting/travel fax &amp; postag</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91214.E2048</p> <p>Date of Disbursement 11 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 8200.00</p> <p>PAC CONSULTING/TRAVEL FAX &amp; POSTAG</p>

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

11799.44

**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)

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) North Capitol Street Enterprises</p> <p>Mailing Address 400 North Capitol Street, NW Suite 585</p> <p>City WASHINGTON State DC Zip Code 20001-</p> <p>Purpose of Disbursement Office rent and phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91214.E2049 <b>Date of Disbursement</b> 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 912.48</p> <p>OFFICE RENT AND PHONE</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) OCTOBER, INC.</p> <p>Mailing Address 11445 DIVELY AVENUE</p> <p>City LAS VEGAS State NV Zip Code 89138-</p> <p>Purpose of Disbursement Email &amp; website management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91214.E2050 <b>Date of Disbursement</b> 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>EMAIL &amp; WEBSITE MANAGEMENT</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) RootsHQ, LLC</p> <p>Mailing Address 211 7th Avenue North Suite LL-15</p> <p>City NASHVILLE State TN Zip Code 37219-</p> <p>Purpose of Disbursement Pac consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91214.E2051 <b>Date of Disbursement</b> 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 99.00</p> <p>PAC CONSULTING</p>

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

1511.48

**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 13 / 15

<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

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)  
ZIONS BANK

Mailing Address 310 SOUTH MAIN ST

City State Zip Code  
SALT LAKE CITY UT 84101-

Purpose of Disbursement  
Merchant fees  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 91214.E2053  
Date of Disbursement

<sup>M</sup> 1	<sup>M</sup> /	<sup>D</sup> 1	<sup>D</sup> /	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 9
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Amount of Each Disbursement this Period

43.95

MERCHANT FEES

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

43.95

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

13354.87

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
ROB BISHOP FOR CONGRESS

Mailing Address 74 N. 300 E.

City BRIGHAM CITY State UT Zip Code 84302-

Purpose of Disbursement  
CONTRIBUTION TO PRIMARY

Candidate Name  
ROBERT BISHOP

Office Sought:  House  
 Senate  
 President

State: UT District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: 91214.E2041  
Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
CARLY FOR CALIFORNIA

Mailing Address 455 CAPITOL MALL, SUITE 801

City SACRAMENTO State CA Zip Code 95814-

Purpose of Disbursement  
CONTRIBUTION TO PRIMARY

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: 91214.E2042  
Date of Disbursement

11 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
DAN BURTON FOR CONGRESS

Mailing Address PO BOX 50593

City INDIANAPOLIS State IN Zip Code 46250-

Purpose of Disbursement  
CONTRIBUTION TO PRIMARY

Candidate Name  
DANNY L BURTON

Office Sought:  House  
 Senate  
 President

State: IN District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: 91214.E2044  
Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

CONTRIBUTION TO PRIMARY

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

<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)  
DAVID VITTER FOR US SENATE

Mailing Address P.O. BOX 8178

City METAIRIE State LA Zip Code 70011-

Purpose of Disbursement  
CONTRIBUTION TO PRIMARY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 91214.E2045

Date of Disbursement

11 / 06 / 2009

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
TOOMEY FOR US SENATE

Mailing Address 3440 HAMILTON BLVD

City ALLENTOWN State PA Zip Code 18103-

Purpose of Disbursement  
CONTRIBUTION TO PRIMARY

Candidate Name  
PATRICK JOSEPH TOOMEY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 00

Transaction ID: 91214.E2052

Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO PRIMARY

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

10000.00

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

21000.00