

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ORRINPAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="217861.97"/>	<input type="text" value="217861.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="154671.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="32500.00"/>	<input type="text" value="130321.24"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="187171.72"/>	<input type="text" value="348183.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="44760.22"/>	<input type="text" value="205771.71"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="142411.50"/>	<input type="text" value="142411.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ORRINPAC

Report Covering the Period: From: / / To: / /

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).....	1000.00	19250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1000.00	19250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	26500.00	99250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	27500.00	118500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	6821.24
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 Transfers (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))..... ▶	32500.00	130321.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32500.00	130321.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	22760.22	73071.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	22760.22	73071.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	117000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1000.00	15700.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	44760.22	205771.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44760.22	205771.71

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	27500.00	118500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27500.00	118500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	22760.22	73071.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	22760.22	73071.71

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

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

FOR LINE NUMBER: PAGE 6 OF 17
(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

Full Name (Last, First, Middle Initial)
A. Patricia Knight

Mailing Address 817 N Lincoln St.

City ARLINGTON State VA Zip Code 22201

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2012
Transaction ID : 20619.C4075

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

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

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NAME OF COMMITTEE (In Full)
ORRINPAC

Full Name (Last, First, Middle Initial)
A. ABBOTT LABORATORIES EMPL. PAC

Mailing Address 100 ABBOT PARK RD

City NORTH CHICAGO State IL Zip Code 60064-6028

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2012
Transaction ID : 20619.C4074

Amount of Each Receipt this Period
2500.00

Receipt

Full Name (Last, First, Middle Initial)
B. Boeing Political Action Committee

Mailing Address 1200 Wilson Boulevard

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2012
Transaction ID : 20716.C4080

Amount of Each Receipt this Period
5000.00

Receipt

Full Name (Last, First, Middle Initial)
C. Cambia Health Solutions PAC

Mailing Address 200 SW Market Street
PO Box 1271/MS E12C

City PORTLAND State OR Zip Code 97207

FEC ID number of contributing federal political committee. **C** C00252684

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2012
Transaction ID : 20716.C4082

Amount of Each Receipt this Period
3000.00

Receipt

SUBTOTAL of Receipts This Page (optional).....▶	10500.00
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 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORRINPAC

Full Name (Last, First, Middle Initial)
A. CARDINAL HEALTH INC. PAC

Mailing Address 7000 CARDINAL PL

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C** C00332833

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2012
Transaction ID : 20716.C4079

Amount of Each Receipt this Period
5000.00

Receipt

Full Name (Last, First, Middle Initial)
B. Gridiron - PAC

Mailing Address c.o National Football League
345 Park Ave

City NEW YORK State NY Zip Code 10154

FEC ID number of contributing federal political committee. **C** C00451153

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2012
Transaction ID : 20716.C4081

Amount of Each Receipt this Period
5000.00

Receipt

Full Name (Last, First, Middle Initial)
C. SANOFI-AVENTIS EMPLOYEES PAC

Mailing Address 500 CORPORATE DRIVE

City BRIDGEWATER State NJ Zip Code 08807-2854

FEC ID number of contributing federal political committee. **C** C00144345

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 20716.C4077

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 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORRINPAC

Full Name (Last, First, Middle Initial)
A. UNITEDHEALTH GROUP, INC. PAC
 Mailing Address 9900 BREN ROAD EAST
 City State Zip Code
 HOPKINS MN 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 ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012
Transaction ID : 20716.C4078
 Amount of Each Receipt this Period
 5000.00
 Receipt

Full Name (Last, First, Middle Initial)
B.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	26500.00

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

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

FOR LINE NUMBER: PAGE 10 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORRINPAC

A. Romney for President
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 55899
 City BOSTON State MA Zip Code 02205-
 FEC ID number of contributing federal political committee. **C** C00431171
 Name of Employer Occupation
 Refund of Contribution Made
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : 20619.C4073
 Amount of Each Receipt this Period
 5000.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	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

Full Name (Last, First, Middle Initial)

A. ARISTOTLE

Mailing Address 205 Pennsylvania Ave, SE

City WASHINGTON State DC Zip Code 20003-

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2012

Transaction ID : 20716.E2419

Amount of Each Disbursement this Period

575.00

SOFTWARE

Full Name (Last, First, Middle Initial)

B. ARISTOTLE

Mailing Address 205 Pennsylvania Ave, SE

City WASHINGTON State DC Zip Code 20003-

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2012

Transaction ID : 20716.E2420

Amount of Each Disbursement this Period

575.00

SOFTWARE

Full Name (Last, First, Middle Initial)

C. WILLIAM B. CANFIELD

Mailing Address 1900 M STREET, NW, STE 500

City WASHINGTON State DC Zip Code 20036-

Purpose of Disbursement
Legal fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2012

Transaction ID : 20716.E2433

Amount of Each Disbursement this Period

15000.00

LEGAL FEES

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

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

16150.00

**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

Full Name (Last, First, Middle Initial)

A. Stanley Dewaal

Mailing Address 9060 S. Enchanted Oak Lane

City SANDY State UT Zip Code 84093-

Purpose of Disbursement
Income tax preparation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : 20716.E2432

Amount of Each Disbursement this Period

1800.00

INCOME TAX PREPARATION

Full Name (Last, First, Middle Initial)

B. E. H. MURRAY GROUP, LLC

Mailing Address 6510 ANNA MARIE COURT

City MC LEAN State VA Zip Code 22101-

Purpose of Disbursement
PAC fundraiser consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : 20716.E2421

Amount of Each Disbursement this Period

1125.00

PAC FUNDRAISER CONSULTING

Full Name (Last, First, Middle Initial)

C. NORTH CAPITOL STREET ENTERPRISES

Mailing Address 400 N. CAPITOL ST, NW, STE 585

City WASHINGTON State DC Zip Code 20001-

Purpose of Disbursement
Office rent and phone

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2012

Transaction ID : 20716.E2429

Amount of Each Disbursement this Period

1058.77

OFFICE RENT AND PHONE

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

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

3983.77

**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

Full Name (Last, First, Middle Initial)

A. Soapbox Strategies Interactive

Mailing Address PO Box 15223

City WASHINGTON State DC Zip Code 20003-

Purpose of Disbursement
Email management

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : 20716.E2431

Amount of Each Disbursement this Period

2582.50

EMAIL MANAGEMENT

Full Name (Last, First, Middle Initial)

B. ZIONS BANK

Mailing Address 310 SOUTH MAIN ST

City SALT LAKE CITY State UT Zip Code 84101-

Purpose of Disbursement
Merchant account fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : 20716.E2434

Amount of Each Disbursement this Period

43.95

MERCHANT ACCOUNT FEES

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2626.45

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

22760.22

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ORRINPAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF GEORGE ALLEN		Date of Disbursement MM / DD / YYYY 06 / 21 / 2012
Mailing Address P.O. BOX 6859		Transaction ID : 20716.E2417
City ARLINGTON	State VA	
Zip Code 22206-	Purpose of Disbursement STOP PAYMENT-LOST IN MAIL REISSUED	Amount of Each Disbursement this Period -5000.00
Candidate Name GEORGE ALLEN	Category/Type	STOP PAYMENT-LOST IN MAIL REISSUED
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 00		

Full Name (Last, First, Middle Initial) B. FRIENDS OF GEORGE ALLEN		Date of Disbursement MM / DD / YYYY 06 / 21 / 2012
Mailing Address P.O. BOX 6859		Transaction ID : 20716.E2418
City ARLINGTON	State VA	
Zip Code 22206-	Purpose of Disbursement STOP PAYMENT-LOST IN MAIL REISSUED	Amount of Each Disbursement this Period -5000.00
Candidate Name GEORGE ALLEN	Category/Type	STOP PAYMENT-LOST IN MAIL REISSUED
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 00		

Full Name (Last, First, Middle Initial) C. Friends Of Matt Salmon		Date of Disbursement MM / DD / YYYY 06 / 30 / 2012
Mailing Address 1911 E Bendix Drive		Transaction ID : 20716.E2422
City TEMPE	State AZ	
Zip Code 85283-	Purpose of Disbursement CONTRIBUTION TO PRIMARY	Amount of Each Disbursement this Period 1000.00
Candidate Name MATT SALMON	Category/Type	CONTRIBUTION TO PRIMARY
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 01		

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

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

-9000.00

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

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NAME OF COMMITTEE (In Full)
ORRINPAC

Full Name (Last, First, Middle Initial)

A. George Allen For US Senate

Mailing Address 2819 North Parham Road
Suite 210

City RICHMOND State VA Zip Code 23294-

Purpose of Disbursement
CONTRIBUTION TO PRIMARY

Candidate Name
GEORGE ALLEN

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: VA District: 00

Date of Disbursement

/ /

Transaction ID : 20716.E2423

Amount of Each Disbursement this Period

CONTRIBUTION TO PRIMARY

Full Name (Last, First, Middle Initial)

B. George Allen For US Senate

Mailing Address 2819 North Parham Road
Suite 210

City RICHMOND State VA Zip Code 23294-

Purpose of Disbursement
CONTRIBUTION TO GENERAL

Candidate Name
GEORGE ALLEN

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: VA District: 00

Date of Disbursement

/ /

Transaction ID : 20716.E2424

Amount of Each Disbursement this Period

CONTRIBUTION TO GENERAL

Full Name (Last, First, Middle Initial)

C. Heather Wilson for Senate

Mailing Address PO Box 14070

City ALBUQUERQUE State NM Zip Code 87191-

Purpose of Disbursement
CONTRIBUTION TO PRIMARY

Candidate Name
HEATHER A WILSON

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NM District: 00

Date of Disbursement

/ /

Transaction ID : 20716.E2427

Amount of Each Disbursement this Period

CONTRIBUTION TO PRIMARY

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

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

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NAME OF COMMITTEE (In Full)
ORRINPAC

Full Name (Last, First, Middle Initial)

A. Heather Wilson for Senate

Mailing Address PO Box 14070

City ALBUQUERQUE State NM Zip Code 87191-

Purpose of Disbursement
CONTRIBUTION TO GENERAL

Candidate Name
HEATHER A WILSON

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NM District: 00

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2012

Transaction ID : 20716.E2428

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO GENERAL

Full Name (Last, First, Middle Initial)

B. Summers For Senate

Mailing Address PO Box 511

City SCARBOROUGH State ME Zip Code 04070-

Purpose of Disbursement
CONTRIBUTION TO GENERAL

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2012

Transaction ID : 20716.E2425

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO GENERAL

Full Name (Last, First, Middle Initial)

C. Summers For Senate

Mailing Address PO Box 511

City SCARBOROUGH State ME Zip Code 04070-

Purpose of Disbursement
CONTRIBUTION TO PRIMARY

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2012

Transaction ID : 20716.E2426

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO PRIMARY

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

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

15000.00

21000.00

**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 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

Full Name (Last, First, Middle Initial)

A. Sarah Nitta For Legislature Committee

Mailing Address 6248 Bull River Rd.

City AMERICAN FORK State UT Zip Code 84003-

Purpose of Disbursement
CONTRIBUTION TO STATE CANDIDATE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : 20716.E2430

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

1000.00