

**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

ORRINPAC

ADDRESS (number and street) 175 S. WEST TEMPLE, SUITE 650

Check if different than previously reported. (ACC)

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 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input checked="" type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day Post -Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 01 2010 through 09 30 2010

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 10 18 2010

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										<b>FEC FORM 3X</b> (Rev. 12/2004)
-----------------	--	--	--	--	--	--	--	--	--	--------------------------------------

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

Write or Type Committee Name  
ORRINPAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

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 .....	152143.55									
(c) Total Receipts (from Line 19) .....	16000.00	432077.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	168143.55	495213.66								
7. Total Disbursements (from Line 31) .....	112089.73	439159.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	56053.82	56053.82								
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
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

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) .....	1000.00	201045.00
(ii) Unitemized .....	0.00	41282.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1000.00	242327.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	15000.00	189750.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16000.00	432077.50
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	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)) .....	16000.00	432077.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16000.00	432077.50

## 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.....	14839.73	160409.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	14839.73	160409.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95000.00	260000.00
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.....	2250.00	17750.00
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))..	112089.73	439159.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	112089.73	439159.84

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 19

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) .....	16000.00	432077.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16000.00	431077.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14839.73	160409.84
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14839.73	160409.84

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

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

FOR LINE NUMBER: PAGE 6 / 19  
(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)  
COMCAST CORPORATION PAC  
Mailing Address 1701 JFK BLVD  
City PHILADELPHIA State PA Zip Code 19103  
FEC ID number of contributing federal political committee. **C** C00248716  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 24 / 2010  
Transaction ID: 01012.C3807  
Amount of Each Receipt this Period 5000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
CREDIT SUISSE SECURITIES (USA) PAC  
Mailing Address 1201 F ST, NW, STE 450  
City WASHINGTON State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00111559  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 08 / 2010  
Transaction ID: 00915.C3805  
Amount of Each Receipt this Period 5000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
FMR LLC PAC  
Mailing Address 82 DEVONSHIRE ST  
City BOSTON State MA Zip Code 02109  
FEC ID number of contributing federal political committee. **C** C00380550  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 10 / 2010  
Transaction ID: 00915.C3806  
Amount of Each Receipt this Period 5000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00  
**TOTAL** This Period (last page this line number only) ..... ► 15000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 19</span>	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) R. E. HOLDING		Date of Receipt
	Mailing Address 760 SUNLIGHT RD		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City CODY	State WY	Zip Code 82414-0098
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID:</b> 00915.C3804
	Name of Employer THE SINCLAIR COMPANIES		Occupation OWNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="1000.00"/>  Receipt Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="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)

<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)  
Autumn E-Media

Mailing Address PO Box 371553

City LAS VEGAS State NV Zip Code 89137-

Purpose of Disbursement  
Pac consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 01012.E2194  
Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

673.25

PAC CONSULTING

B.

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

Mailing Address C/O UTRECHT & PHILLIPS, PLLC  
1900 M STREET, NW, STE 500

City WASHINGTON State DC Zip Code 20036-

Purpose of Disbursement  
Legal fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 01012.E2225  
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

7500.00

LEGAL FEES

C.

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

Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650

City SALT LAKE CITY State UT Zip Code 84101-

Purpose of Disbursement  
Accounting fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 01012.E2199  
Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

3108.00

ACCOUNTING FEES

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

11281.25

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 9 / 19

<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

<b>A.</b> Full Name (Last, First, Middle Initial) 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: <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) ▼	Transaction ID: 01012.E2215 Date of Disbursement 09 / 15 / 2010
	Amount of Each Disbursement this Period 955.25 OFFICE RENT AND PHONE

<b>B.</b> Full Name (Last, First, Middle Initial) NORTHCIRCLE, LLC Mailing Address 552 WEST 925 NORTH CIRCLE City CENTERVILLE State UT Zip Code 84014- Purpose of Disbursement Pac consulting and expenses 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) ▼	Transaction ID: 01012.E2216 Date of Disbursement 09 / 01 / 2010
	Amount of Each Disbursement this Period 1867.94 PAC CONSULTING AND EXPENS-ES

<b>C.</b> Full Name (Last, First, Middle Initial) OCTOBER, INC. Mailing Address 11445 DIVELY AVENUE City LAS VEGAS State NV Zip Code 89138- Purpose of Disbursement Email & website management 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) ▼	Transaction ID: 01012.E2217 Date of Disbursement 09 / 15 / 2010
	Amount of Each Disbursement this Period 500.00 EMAIL & WEBSITE MANAGEMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3323.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 19

<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)  
RootsHQ, LLC

Mailing Address 211 7th Avenue North  
Suite LL-15

City NASHVILLE State TN Zip Code 37219-

Purpose of Disbursement  
Pac consulting  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 01012.E2220  
Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

99.00

PAC CONSULTING

B.

Full Name (Last, First, Middle Initial)  
ZIONS BANK

Mailing Address 310 SOUTH MAIN ST

City SALT LAKE CITY State UT Zip Code 84101-

Purpose of Disbursement  
Service charge  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 01012.E2226  
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

136.29

SERVICE CHARGE

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

235.29

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

14839.73

**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

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) Boozman for Arkansas  Mailing Address 322 North Bloomington, Suite A-B  City LOWELL State AR Zip Code 72745-  Purpose of Disbursement DONATION  Candidate Name JOHN BOOZMAN  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E2196 Date of Disbursement 09 / 20 / 2010  Amount of Each Disbursement this Period 5000.00  DONATION
<b>B.</b>	Full Name (Last, First, Middle Initial) Boozman for Arkansas  Mailing Address 322 North Bloomington, Suite A-B  City LOWELL State AR Zip Code 72745-  Purpose of Disbursement DONATION  Candidate Name JOHN BOOZMAN  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00  Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt Retirem	Transaction ID: 01012.E2195 Date of Disbursement 09 / 20 / 2010  Amount of Each Disbursement this Period 5000.00  DONATION
<b>C.</b>	Full Name (Last, First, Middle Initial) Buck For Colorado  Mailing Address PO Box 101465  City DENVER State CA Zip Code 80250-  Purpose of Disbursement DONATION  Candidate Name KEN BUCK  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E2197 Date of Disbursement 09 / 20 / 2010  Amount of Each Disbursement this Period 5000.00  DONATION

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

15000.00

**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)

<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

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) Buck For Colorado <hr/> Mailing Address PO Box 101465 <hr/> City DENVER State CA Zip Code 80250- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name KEN BUCK <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt Retirem	Transaction ID: 01012.E2198 Date of Disbursement 09 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> DONATION
<b>B.</b>	Full Name (Last, First, Middle Initial) CRAPO FOR SENATE <hr/> Mailing Address P.O. BOX 1948 <hr/> City BOISE State ID Zip Code 83701- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name MICHAEL D CRAPO <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E2200 Date of Disbursement 09 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> DONATION
<b>C.</b>	Full Name (Last, First, Middle Initial) DAN COATS FOR INDIANA <hr/> Mailing Address PO Box 301141 <hr/> City INDIANAPOLIS State IN Zip Code 46230- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name DANIEL R COATS <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E2201 Date of Disbursement 09 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> DONATION

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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)  
DAVID VITTER FOR US SENATE

Mailing Address P.O. BOX 8178

City METAIRIE State LA Zip Code 70011-

Purpose of Disbursement  
DONATION

Candidate Name  
DAVID VITTER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: LA District: 00

Transaction ID: 01012.E2203

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

5000.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF COBURN

Mailing Address PO BOX 977

City MUSKOGEE State OK Zip Code 74402-

Purpose of Disbursement  
DONATION

Candidate Name  
THOMAS A COBURN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OK District: 00

Transaction ID: 01012.E2207

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

5000.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Christine ODonnell

Mailing Address P. O. BOX 3987

City WILMINGTON State DE Zip Code 19807-

Purpose of Disbursement  
DONATION

Candidate Name  
CHRISTINE T ODONNELL

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Transaction ID: 01012.E2206

Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

5000.00

DONATION

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

15000.00

**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)

<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

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) Friends Of Christine ODonnell	Transaction ID: 01012.E2204 Date of Disbursement 09 / 16 / 2010
	Mailing Address P. O. BOX 3987	Amount of Each Disbursement this Period 5000.00
	City WILMINGTON State DE Zip Code 19807-	
	Purpose of Disbursement DONATION	Category/ Type
	Candidate Name CHRISTINE T ODONNELL	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DONATION

B.	Full Name (Last, First, Middle Initial) Friends Of Kelly Ayotte	Transaction ID: 01012.E2209 Date of Disbursement 09 / 20 / 2010
	Mailing Address PO Box 233	Amount of Each Disbursement this Period 5000.00
	City NASHUA State NH Zip Code 03061-	
	Purpose of Disbursement DONATION	Category/ Type
	Candidate Name KELLY AYOTTE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt Retirem
		DONATION

C.	Full Name (Last, First, Middle Initial) Friends Of Kelly Ayotte	Transaction ID: 01012.E2208 Date of Disbursement 09 / 20 / 2010
	Mailing Address PO Box 233	Amount of Each Disbursement this Period 5000.00
	City NASHUA State NH Zip Code 03061-	
	Purpose of Disbursement DONATION	Category/ Type
	Candidate Name KELLY AYOTTE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DONATION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

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) HOEVEN FOR SENATE <hr/> Mailing Address PO BOX 15114 <hr/> City ARLINGTON State VA Zip Code 22215- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name JOHN HOEVEN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E2211 Date of Disbursement 09 / 20 / 2010	
	Amount of Each Disbursement this Period 5000.00	
	Category/ Type DONATION	
	Full Name (Last, First, Middle Initial) KIRK FOR SENATE <hr/> Mailing Address P.O. BOX 8 <hr/> City WINNETKA State IL Zip Code 60093- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name MARK STEVEN KIRK <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special	Transaction ID: 01012.E2212 Date of Disbursement 09 / 20 / 2010
Amount of Each Disbursement this Period 5000.00		
Category/ Type DONATION	Full Name (Last, First, Middle Initial) Moran For Kansas <hr/> Mailing Address PO Box 1151 <hr/> City HAYS State KS Zip Code 67601- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name JERRY MORAN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt Retirem	Transaction ID: 01012.E2214 Date of Disbursement 09 / 20 / 2010
Amount of Each Disbursement this Period 5000.00		
Category/ Type DONATION		

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

15000.00

**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)

<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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Moran For Kansas</p> <p>Mailing Address PO Box 1151</p> <p>City HAYS State KS Zip Code 67601-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name JERRY MORAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01012.E2213 <b>Date of Disbursement:</b> 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><b>DONATION</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ron Johnson For Senate, Inc.</p> <p>Mailing Address 601 Oregon St, Suite A</p> <p>City OSHKOSH State WI Zip Code 54902-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name RONALD JOHNSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt Retirem</p>	<p><b>Transaction ID:</b> 01012.E2219 <b>Date of Disbursement:</b> 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><b>DONATION</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ron Johnson For Senate, Inc.</p> <p>Mailing Address 601 Oregon St, Suite A</p> <p>City OSHKOSH State WI Zip Code 54902-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name RONALD JOHNSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01012.E2218 <b>Date of Disbursement:</b> 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><b>DONATION</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 19

<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

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) Rossi for Senate	Transaction ID: 01012.E2221
	Mailing Address PO Box 50713	Date of Disbursement 09 / 20 / 2010
	City BELLEVUE State WA Zip Code 98015-	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement DONATION	DONATION
	Candidate Name DINO ROSSI	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt Retirem	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	9500.00

**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 18 / 19

<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

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) Daniel Thatcher Campaign Committee	Transaction ID: 01012.E2202 Date of Disbursement
	Mailing Address 6352 W City Vistas Way	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City State Zip Code SALT LAKE CITY UT 84128-	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION TO STATE CANDIDATE	<input type="text" value="500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Henry Glasheen Campaign Committee	Transaction ID: 01012.E2210 Date of Disbursement
	Mailing Address 8771 Lone Pine Court	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City State Zip Code PARK CITY UT 84098-	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION TO STATE CANDIDATE	<input type="text" value="500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Steve Eliason Campaign	Transaction ID: 01012.E2222 Date of Disbursement
	Mailing Address 8157 S. Grambling Way	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City State Zip Code SANDY UT 84094-	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION TO STATE CANDIDATE	<input type="text" value="250.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 19

<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

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) Summit County Republican Party	Transaction ID: 01012.E2223
	Mailing Address P.O. Box 682425	Date of Disbursement 09 / 23 / 2010
	City PARK CITY State UT Zip Code 84068-	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement DONATION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Val Bateman Campaign Committee	Transaction ID: 01012.E2224
	Mailing Address 2198 Iverson Woods Place	Date of Disbursement 09 / 23 / 2010
	City SALT LAKE CITY State UT Zip Code 84117-	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION TO STATE CANDIDATE	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) ▼

SUBTOTAL of Disbursements This Page (optional) .....	1000.00
TOTAL This Period (last page this line number only) .....	2250.00