

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 77			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JEFFERSON COUNTY REPUBLICANS			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address PO Box 281			Amount of Each Disbursement this Period 70 Transaction ID : B-E-37615
City Ririe	State ID	Zip Code 83443-0281	
Purpose of Disbursement Sponsorship		Category/ Type 001	
Candidate Name			
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: _____		

Full Name (Last, First, Middle Initial) B. NPC MERCHANT PAYMENT			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 5100 Interchange Way			Amount of Each Disbursement this Period 55 Transaction ID : B-E-37563
City Louisville	State KY	Zip Code 40229-2160	
Purpose of Disbursement Credit card fee		Category/ Type 001	
Candidate Name			
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: _____		

Full Name (Last, First, Middle Initial) C. NPC MERCHANT PAYMENT			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 5100 Interchange Way			Amount of Each Disbursement this Period 55 Transaction ID : B-E-37620
City Louisville	State KY	Zip Code 40229-2160	
Purpose of Disbursement Credit card fee		Category/ Type 001	
Candidate Name			
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: _____		

SUBTOTAL of Disbursements This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	