

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
CLERK OF THE SENATE

1990 APR 17 AM 11:33

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) The Simpson Senate Committee 1990		2. IDENTIFICATION NUMBER C00126169
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 2775		
CITY, STATE and ZIP CODE Cody, Wyoming 82414	STATE/DISTRICT 1	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- ☒ April 15 Quarterly Report ☐ Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____
- ☐ July 15 Quarterly Report ☐ Thirtieth day report following the General Election on _____
in the State of _____
- ☐ October 15 Quarterly Report ☐ Termination Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report (Non-election Year Only)

This report contains activity for ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>1/01/90</u> through <u>3/31/90</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	52,365.66	52,365.66
(b) Total Contribution Refunds (from Line 20(d)).	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	52,365.66	52,365.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).	47,457.20	47,475.20
(b) Total Offsets to Operating Expenditures (from Line 14)	1,119.78	1,119.78
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)).	46,355.42	46,355.42
8. Cash on Hand at Close of Reporting Period (from Line 27)	580,244.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	

For further information
contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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 Karen E. McCreery
Signature of Treasurer <i>Karen E. McCreery</i>
Date 4-13-90

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) The Simpson Senate Committee 1990		Report Covering the Period: From: 1/1/90 To: 3/31/90	
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)		18,000.00	
(ii) Unitemized		2,865.00	
(iii) Total of contributions from individuals		20,865.00	20,865.00
(b) Political Party Committees		250.00	250.00
(c) Other Political Committees (such as PACs)		31,250.66	31,250.66
(d) The Candidate		-0-	-0-
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))		52,365.66	52,365.66
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.		16,000.00	16,000.00
13. LOANS:			
(a) Made or Guaranteed by the Candidate		-0-	-0-
(b) All Other Loans		-0-	-0-
(c) TOTAL LOANS (add 13(a) and (b))		-0-	-0-
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		1,119.78	1,119.78
15. OTHER RECEIPTS (Dividends, Interest, etc.)		5,699.36	5,699.36
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		75,184.80	75,184.80
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		47,475.20	47,475.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.		-0-	-0-
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate		-0-	-0-
(b) Of All Other Loans		-0-	-0-
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		-0-	-0-
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees		-0-	-0-
(b) Political Party Committees		-0-	-0-
(c) Other Political Committees (such as PACs)		-0-	-0-
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		-0-	-0-
21. OTHER DISBURSEMENTS		500.00	500.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).		47,975.20	47,975.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 553,035.00	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 75,184.80	24
25. SUBTOTAL (add Line 23 and Line 24)	\$ 628,219.80	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).	\$ 47,975.20	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).	\$ 580,244.60	27

SCHEDULE A

ITEMIZED RECEIPTS

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

Line: 11(a)

Page 1 of 4

Any information copied from such Reports or 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) Simpson Senate Committee 1990			
A. Full Name, Mailing Address and ZIP Code Mr. Robert P. Gatewood Moreschi Building 905 16th Street, N.W. Washington, DC 20006	Name of Employer Robert P. Gatewood & Company	Date (month, day, year) 01-29-90	Amount of Each Receipt this Period 800.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Life Underwriter	Aggregate Year-to-Date-\$ 800.00	
B. Full Name, Mailing Address and ZIP Code Mr. Theodore J. Mallon 2595 Canyon Blvd, Suite 300 Boulder, CO 80302	Name of Employer Transfinancial Corp.	Date (month, day, year) 01-31-90	Amount of Each Receipt This Period 800.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date-\$ 800.00	
C. Full Name, Mailing Address and ZIP Code Mr. Rudi A. Unterthiner, M.D. 72-11 Clancy Lane Rancho Mirage, CA 92270	Name of Employer Self	Date (month, day, year) 03-14-90	Amount of Each Receipt This Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Doctor	Aggregate Year-to-Date-\$ 1000.00	
D. Full Name, Mailing Address and ZIP Code Mr. F.E. McGough, Jr. P.O. Box 36 Montgomery, AL 36195	Name of Employer Capitol Chevrolet	Date (month, day, year) 02-08-90	Amount of Each Receipt This Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Automobile Merchant	Aggregate Year-to-Date-\$ 250.00	
E. Full Name, Mailing Address and ZIP Code Mr. H. Stewart Van Scoyoc 131 Yarnick Road Great Falls, VA 22066	Name of Employer Charls E. Walker & Associates	Date (month, day, year) 01-12-90	Amount of Each Receipt This Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date-\$ 1000.00	
F. Full Name, Mailing Address and ZIP Code Mrs. Helen C. Alexander 4600 Old Frankfort Pike Lexington, KY 40510	Name of Employer self-horse farm owner	Date (month, day, year) 02-12-90	Amount of Each Receipt This Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation conduit from NRSC	Aggregate Year-to-Date-\$ 1000.00	
G. Full Name, Mailing Address and ZIP Code Mr. Joseph Carelton Patrone 1608 West Main Street Marshalltown, IA 50158	Name of Employer	Date (month, day, year) 03-05-90	Amount of Each Receipt This Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date-\$ 1000.00	
SUBTOTAL of Receipts This Page (optional)			5850.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

Line: 11(a)

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Name of Committee (in Full) Simpson Senate Committee 1990			
A. Full Name, Mailing Address and ZIP Code Mr. George Peterkin, Jr. P.O. Box 1745 Houston, TX 77251	Name of Employer Kirby Exploration Co.	Date (month, day, year) 02-05-90	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date-\$ 250.00	
B. Full Name, Mailing Address and ZIP Code Mr. David L. Simpson c/o Blount, Inc. 4520 Executive Park Drive Montgomery, AL 36116	Name of Employer Blount, Inc.	Date (month, day, year) 01-04-90	Amount of Each Receipt This Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales/Marketing Manager	Aggregate Year-to-Date-\$ 250.00	
C. Full Name, Mailing Address and ZIP Code Mr. John A. Henig 3420 Lansdowne Drive Montgomery, AL 36111	Name of Employer Henig Furs, Inc.	Date (month, day, year) 01-12-90	Amount of Each Receipt This Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman of the Board	Aggregate Year-to-Date-\$ 250.00	
D. Full Name, Mailing Address and ZIP Code Mr. Randall Meyer 2196 Boxelder Road Glenrock, WY 82637	Name of Employer	Date (month, day, year) 01-18-90	Amount of Each Receipt This Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date-\$ 1000.00	
E. Full Name, Mailing Address and ZIP Code Mr. George A. Smathers 1050 Connecticut Ave., N.W. Suite 1230 Washington, DC 20036	Name of Employer Smathers, Hickey & Smathers	Date (month, day, year) 02-13-90	Amount of Each Receipt This Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date-\$ 1000.00	
F. Full Name, Mailing Address and ZIP Code Mr. Walter R. Hoffman 1207 Sunshine Avenue Cody, WY 82414	Name of Employer	Date (month, day, year) 01-11-90	Amount of Each Receipt This Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date-\$ 500.00	
G. Full Name, Mailing Address and ZIP Code Mr. Robert H. Pines 24 Central Park South New York, NY 10019	Name of Employer R.H. Pines Corp.	Date (month, day, year) 02-21-90	Amount of Each Receipt This Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Conduit - NRSC	Aggregate Year-to-Date-\$ 500.00	
SUBTOTAL of Receipts This Page (optional)			3750.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

Line: 11(a)

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Name of Committee (in Full) Simpson Senate Committee 1990			
A. Full Name, Mailing Address and ZIP Code Mr. George Stark 3617 Olympia Drive Houston, TX 77019 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Burnham Securities, Inc. Occupation Senior V.P. Aggregate Year-to-Date-\$	Date (month, day, year) 01-11-90 250.00	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Lindsay D. Hooper 2735 Woodlake Road Mitchellville, MD 20716 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Charls E. Walker & Associates Occupation Attorney Aggregate Year-to-Date-\$	Date (month, day, year) 02-08-90 1000.00	Amount of Each Receipt This Period 1000.00
C. Full Name, Mailing Address and ZIP Code Mr. Robert S. Pirie One Rockefeller Plaza New York, NY 10020 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rothschild, Inc. Occupation President & CEO Aggregate Year-to-Date-\$	Date (month, day, year) 01-19-90 500.00	Amount of Each Receipt This Period 500.00
D. Full Name, Mailing Address and ZIP Code Mr. Harry B. Combs c/o Combs-Gates Denver Stapleton Int'l. Airport Denver, CO 80207 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Combs-Gates Denver Occupation NRSC Conduit Aggregate Year-to-Date-\$	Date (month, day, year) 03-05-90 1000.00	Amount of Each Receipt This Period 1000.00
E. Full Name, Mailing Address and ZIP Code Mr. Durward W. Jackson P.O.Box 308 Montgomery, AL 36101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Waste Away Group, Inc. Occupation President Aggregate Year-to-Date-\$	Date (month, day, year) 01-10-90 250.00	Amount of Each Receipt This Period 250.00
F. Full Name, Mailing Address and ZIP Code Mr. Lowell A. Morfeld 1548 Gannett Drive Riverton, WY 82501 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed Occupation CPA Aggregate Year-to-Date-\$	Date (month, day, year) 03-26-90 400.00	Amount of Each Receipt This Period 400.00
G. Full Name, Mailing Address and ZIP Code Mrs. Robert S. Pirie One Rockefeller Plaza New York, NY 10020 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date-\$	Date (month, day, year) 01-19-90 500.00	Amount of Each Receipt This Period 500.00
SUBTOTAL of Receipts This Page (optional)			3900.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
LINE NUMBER ____
 (Use separate schedule(s) for each
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Line: 11(a)

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Name of Committee (in Full) Simpson Senate Committee 1990				
A. Full Name, Mailing Address and ZIP Code Mr. C. Douglas Dillon 1270 Avenue of the Americas Suite 2300 New York, NY 10020 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 02-13-90	Amount of Each Receipt this Period 1000.00	
	Occupation CONDUIT FROM NRSC			
	Aggregate Year-to-Date--\$ 1000.00			
B. Full Name, Mailing Address and ZIP Code Mr. Joseph H. Lackey 32 Harbor Hill Grosse Pointe Farms, MI 48236 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The New England Company	Date (month, day, year) 01-18-90	Amount of Each Receipt This Period 250.00	
	Occupation Life Underwriter			
	Aggregate Year-to-Date--\$ 250.00			
C. Full Name, Mailing Address and ZIP Code Mr. Clive Runnells 3900 Essex Lane, Suite 1100 P.O. Box 22738 Houston, TX 77227 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self/Investor Rancher	Date (month, day, year) 02-05-90	Amount of Each Receipt This Period 500.00	
	Occupation CONDUIT FROM NRSC			
	Aggregate Year-to-Date--\$ 500.00			
D. Full Name, Mailing Address and ZIP Code Mr. Albert Bel Fay 515 Houston Ave. Houston, TX 77007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed	Date (month, day, year) 03-27-90	Amount of Each Receipt This Period 1000.00	
	Occupation CONDUIT FROM NRSC			
	Aggregate Year-to-Date--\$ 1000.00			
E. Full Name, Mailing Address and ZIP Code Mr. J. L. Lanier, Sr. Box 270 West Point, GA 31833 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 01-04-90	Amount of Each Receipt This Period 250.00	
	Occupation Information Requested			
	Aggregate Year-to-Date--\$ 250.00			
F. Full Name, Mailing Address and ZIP Code Mrs. Nancy Runnells P.O. Box 22738 Houston, TX 77227 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 02-05-90	Amount of Each Receipt This Period 500.00	
	Occupation Housewife			
	Aggregate Year-to-Date--\$ 500.00			
G. Full Name, Mailing Address and ZIP Code Mrs. Lynda Unterthiner 72-11 Clancy Lane Rancho Mirage, CA 92270 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 03-14-90	Amount of Each Receipt This Period 1000.00	
	Occupation Housewife			
	Aggregate Year-to-Date--\$ 1000.00			
SUBTOTAL of Receipts This Page (optional)			4500.00	
TOTAL This Period (last page this line number only)			18000.00	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (b)

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NAME OF COMMITTEE (in Full)

The Simpson Senate Committee 1990

900200002007

<p>A. Full Name, Mailing Address and ZIP Code Texans for Strake 3300 Texas Commerce Building 712 Main Houston, TX 77002</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Voluntary Contri- bution as authorized by the F.E.C. Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 1/11/90</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

250.00

SCHEDULE A

ITEMIZED RECEIPTS

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 LINE NUMBER ____
 (Use separate schedule(s) for each
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Line: 11(c)

Page 1 of 3

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Name of Committee (in Full)
 Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Oryx Energy PAC P.O. Box 2880 Dallas, TX 75221 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Voluntary Contribution as authorized by the F.E.C. Occupation	01-31-90	1000.00
Aggregate Year-to-Date-\$		1000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Aircraft Owners & Pilots Assoc. AOPA PAC 421 Aviation Way Frederick, MD 21701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Voluntary Contribution as authorized by the F.E.C. Occupation	03-01-90	5000.00
Aggregate Year-to-Date-\$		5000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pacific Gas & Electric Employees Federal Good Gov't. Fund 77 Beale Street San Francisco, CA 94106 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Voluntary Contribution as authorized by the F.E.C. Occupation	02-16-90	1000.00
Aggregate Year-to-Date-\$		1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Glaxco, Inc. Democracy Fund 5 Moore Drive Research Triangle Park, NC 27709 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Voluntary Contribution as authorized by the F.E.C. Occupation	03-05-90	1000.00
Aggregate Year-to-Date-\$		1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AmSouth PAC P.O. Box 11007 Birmingham, AL 35288 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Voluntary Contribution as authorized by the F.E.C. Occupation	01-04-90	250.00
Aggregate Year-to-Date-\$		250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hallpac-Federal Hallmark Political Action Comm. 1615 L Street, N.W. Suite 1220 Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Voluntary Contribution as authorized by the F.E.C. Occupation	02-08-90	1000.00
Aggregate Year-to-Date-\$		1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Electric Power Committee for Responsible Gov't. 1667 K Street, N.W. Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Voluntary Contribution as authorized by the F.E.C. Occupation	01-31-90	1000.00
Aggregate Year-to-Date-\$		1000.00	
SUBTOTAL of Receipts This Page (optional)			10250.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

Line: 11(c)

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Any information copied from such Reports or 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)

Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillips Petroleum Co. PAC Phillips Bldg. 16th Floor Bartlesville, OK 74004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Voluntary Contribution as authorized by the F.E.C. Occupation	03-01-90	1000.66
Aggregate Year-to-Date-\$		1000.66	
B. Full Name, Mailing Address and ZIP Code Assoc. of Trial Lawyers-America ATLA PAC 1050 31st Street, N.W. Washington, DC 20007 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Voluntary Contribution as authorized by the F.E.C. Occupation	03-14-90	5000.00
Aggregate Year-to-Date-\$		5000.00	
C. Full Name, Mailing Address and ZIP Code Middle South Services SERVAC Intergy Corp. Good Gov't. Action P.O. Box 61000 New Orleans, LA 70161 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Voluntary Contribution as authorized by the F.E.C. Occupation	02-05-90	1000.00
Aggregate Year-to-Date-\$		1000.00	
D. Full Name, Mailing Address and ZIP Code Textron, Inc PAC P.O. Box 878 Providence, RI 02901 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Voluntary Contribution as authorized by the F.E.C. Occupation	01-11-90	1000.00
Aggregate Year-to-Date-\$		1000.00	
E. Full Name, Mailing Address and ZIP Code Nat'l Telephone Cooperative Assn Telephone Education Committee 2626 Pennsylvania Ave., N.W. Washington, DC 20037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Voluntary Contribution as authorized by the F.E.C. Occupation	01-26-90	500.00
Aggregate Year-to-Date-\$		500.00	
F. Full Name, Mailing Address and ZIP Code USF&G PAC 100 Light Street, 32nd Floor Baltimore, MD 21202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Voluntary Contribution as authorized by the F.E.C. Occupation	01-11-90	2000.00
Aggregate Year-to-Date-\$		2000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$		
SUBTOTAL of Receipts This Page (optional)			10500.66
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

Line: 11(c) Page 3 of 3

Any information copied from such Reports or 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) Simpson Senate Committee 1990			
A. Full Name, Mailing Address and ZIP Code General Motors Civic Inv. Program 3044 West Grand Blvd. Detroit, MI 48202	Name of Employer Voluntary Contribution as authorized by the F.E.C. Occupation	Date (month, day, year) 01-04-90	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1000.00		
B. Full Name, Mailing Address and ZIP Code Metropolitan Employees Political Participation Fund One Madison Avenue New York, NY 10010	Name of Employer Voluntary Contribution as authorized by the F.E.C. Occupation	Date (month, day, year) 02-13-90	Amount of Each Receipt This Period 2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 2500.00		
C. Full Name, Mailing Address and ZIP Code Metropolitan Employees Political Participation Fund One Madison Avenue New York, NY 10010	Name of Employer Voluntary Contribution as authorized by the F.E.C. Occupation	Date (month, day, year) 02-13-90	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 2500.00		
D. Full Name, Mailing Address and ZIP Code Build PAC 15th & M Streets, NW Washington, DC 20005	Name of Employer Voluntary Contribution as authorized by the F.E.C. Occupation	Date (month, day, year) 03-06-90	Amount of Each Receipt This Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1000.00		
E. Full Name, Mailing Address and ZIP Code Montgomery Ward PAC Montgomery Ward Plaza Chicago, IL 60671	Name of Employer Voluntary Contribution as authorized by the F.E.C. Occupation	Date (month, day, year) 03-05-90	Amount of Each Receipt This Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
G. Full Name, Mailing Address and ZIP Code National Association of LUPAC 1922 F. Street N.W. Washington, DC 20006	Name of Employer Voluntary Contribution as authorized by the F.E.C. Occupation	Date (month, day, year) 01-31-90	Amount of Each Receipt This Period 5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 5000.00		
SUBTOTAL of Receipts This Page (optional)			10,500.00
TOTAL This Period (last page this line number only)			31,250.66

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

1a

FOR LINE NUMBER

12 (Memo Entry)

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)

The Simpson Senate Committee 1990 (MEMO ENTRY)

A. Full Name, Mailing Address and ZIP Code Mr. & Mrs. Robert N. Snyder 7200 Wisconsin Avenue, N.W. Washington, D.C. Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cambridge Information Group Occupation Publisher Chairman Aggregate Year-to-Date > \$	Date (month, day, year) 5/04/89 298.00	Amount of Each Receipt this Period 298.00
B. Full Name, Mailing Address and ZIP Code Sam & Marilyn Fox 7701 Forsyth Avenue Clayton, MO 63105 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed Occupation Executive Aggregate Year-to-Date > \$	Date (month, day, year) 4/11/89 894.00	Amount of Each Receipt this Period 894.00
C. Full Name, Mailing Address and ZIP Code Rabbi Milton Balkany 1362 49th Street Brooklyn, NY 11219 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bais Yaakov School Occupation Principal Aggregate Year-to-Date > \$	Date (month, day, year) 1,490.00	Amount of Each Receipt this Period 1,490.00
D. Full Name, Mailing Address and ZIP Code Cheryl Halpern 42 Rockledge Drive Livingston, NJ Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$	Date (month, day, year) 6/24/90 745.00	Amount of Each Receipt this Period 745.00
E. Full Name, Mailing Address and ZIP Code Unitemized receipts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/14/90 12,573.00	Amount of Each Receipt this Period 12,573.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

Memo Entry

90020032011

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code
Republican Senate Victory 1990
7200 Wisconsin Ave., Suite 600
Bethesda, MD. 20817 (Memo entry
attached, pg 1a for itemization)
Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer
Joint fundraiser

Date (month,
day, year)

3/14/90

Amount of Each
Receipt this Period

16,000.00

Occupation

Aggregate Year-to-Date > \$ 16,000.00

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

16,000.00

90020032012

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL REPUBLICAN SENATE VICTORY 1990	(Check if name is changed) <input type="checkbox"/>	2. DATE June 24, 1989
(b) Number and Street Address 7200 Wisconsin Avenue Suite 600	(Check if address is changed) <input type="checkbox"/>	3. FEC IDENTIFICATION NUMBER C00236539
(c) City, State and ZIP Code Bethesda, Maryland 20817	HAND DELIVERED <input checked="" type="checkbox"/>	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- Pursuant to 11CFR 102.17
- ☒ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate see below for joint fundraising committee	Candidate Party Affiliation	Office Sought	State/District
--	-----------------------------	---------------	----------------

- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Republican Senate Victory 1990 is a joint fundraising committee which will benefit the following committees:		
1. Citizens for Cochran, 120 N. Congress St. #420, Jackson, MS 39201		
2. Coats for Indiana, 54 Monument Circle, 9th floor, Indianapolis, IN 46204		
3. Simpson Senate Committee, Box 430, Cody, WY 82414		
see attached page		

Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
A. Mark Neuman, 215 "C" Street, S.E. #511, Washington, D.C. 20003-1955		Treasurer

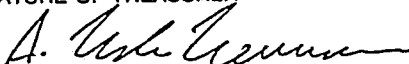
8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
A. Mark Neuman, 215 "C" Street, S.E. #511 Washington, D.C. 20003		Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Madison National Bank	Capitol Hill Office 303 Pennsylvania Avenue S.E. Washington, D.C. 20003

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

TYPE OR PRINT NAME OF TREASURER A. Mark Neuman	SIGNATURE OF TREASURER 	DATE 6/24/89
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

90020032013

CONTINUED FORM FEC FORM 1

Name of any connected
organization or affiliated
committee

Mailing Address and Zip

Relationship

4) People for Boschwitz

215 S. 11th Street, Minn, MN 55403

5) Friends of Phil Gramm

2355 Stemmons Freeway, #1203, Dallas, TX 75209

6) Senator Warner 1990 Committee, P.O. Box 7690, McLean, VA 22106

90020082014

SCHEDULE A

ITEMIZED RECEIPTS

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

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Name of Committee (in Full) Simpson Senate Committee 1990			
A. Full Name, Mailing Address and ZIP Code Senator & Mrs. Alan K. Simpson 1112 Brentfield Drive McLean, VA 22101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Refund for air fare for Ann Simpson Occupation Aggregate Year-to-Date-\$	Date (month, day, year) 02-01-90 908.30
B. Full Name, Mailing Address and ZIP Code Senator & Mrs. Alan K. Simpson 1112 Brentfield Drive McLean, VA 22101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Refund for personal items Occupation Aggregate Year-to-Date-\$	Date (month, day, year) 02-05-90 908.30
C. Full Name, Mailing Address and ZIP Code Senator & Mrs. Alan K. Simpson 1112 Brentfield Drive McLean, VA 22101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Refund for reel to reel tape Occupation Aggregate Year-to-Date-\$	Date (month, day, year) 02-12-90 908.30
D. Full Name, Mailing Address and ZIP Code United Parcel Service 8325 Ardwick-Ardmore Road Landover, MD 20785 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Refund for loss/ damage claim Occupation Aggregate Year-to-Date-\$	Date (month, day, year) 2/15/90 35.00
E. Full Name, Mailing Address and ZIP Code J.O. Ratliff 915 Stafford Casper, WY 82601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Refund for personal items Occupation Aggregate Year-to-Date-\$	Date (month, day, year) 3/06/90 8.48
F. Full Name, Mailing Address and ZIP Code Washington Redskins RFK Stadium Washington, D.C. 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Refund for football tickets Occupation Aggregate Year-to-Date-\$	Date (month, day, year) 2/16/90 153.00
G. Full Name, Mailing Address and ZIP Code Capitol Hill Club 300 First Street, S.E. Washington, D.C. 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Refund of overpayment to Christmas Club account Occupation Aggregate Year-to-Date-\$	Date (month, day, year) 1/22/90 15.00
SUBTOTAL of Receipts This Page (optional)			1119.78
TOTAL This Period (last page this line number only)			1119.78

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code Shoshone First National Bank P.O. Box 1330 Cody, WY 82414 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Interest earned on Money Market invest- ment account Occupation	Date (month, day, year) 1/17/90 2/21/90 3/20/90 3/21/90	Amount of Each Receipt this Period 1,361.89 999.48 1,133.57 81.52	
B. Full Name, Mailing Address and ZIP Code Dean Witter Reynolds, Inc. 1143 Rumsey Avenue Cody, WY 82414 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Interest earned on Money Market invest- ment account Occupation	Date (month, day, year) 3/31/90	Amount of Each Receipt this Period 2,122.90
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5,699.36

90020082016

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE OF
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FOR LINE NUMBER
17

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NAME OF COMMITTEE (in Full)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL 60679 (memo entry for itemization attached Pg 1a)	Purpose of Disbursement Constituent services/ meals, lodging expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/09/90	Amount of Each Disbursement This Period 240.15
B. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL 60679 (memo entry for itemization attached Pg 1a)	Purpose of Disbursement Constituent services/ air fare expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/01/90	Amount of Each Disbursement This Period 188.24
C. Full Name, Mailing Address and ZIP Code Aspen Institute 1333 New Hampshire Ave. NW Washington, D.C. 20036	Purpose of Disbursement Constituent services/ air fare expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/13/90	Amount of Each Disbursement This Period 634.00
D. Full Name, Mailing Address and ZIP Code Baroque Florist 1019 20th Street, NW Washington, D.C. 20036	Purpose of Disbursement Constituent services/ gifts expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/08/90 1/19/90 2/21/90	Amount of Each Disbursement This Period 74.40 161.20 93.50
E. Full Name, Mailing Address and ZIP Code Baroque Florist 1019 20th Street NW Washington, D.C. 20036	Purpose of Disbursement Constituent services/ gifts expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/13/90	Amount of Each Disbursement This Period 159.30
F. Full Name, Mailing Address and ZIP Code Buffalo Bill Village 1701 Sheridan Avenue Cody, WY 82414	Purpose of Disbursement Campaign office rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/23/90 2/02/90 3/02/90	Amount of Each Disbursement This Period 200.00 200.00 200.00
G. Full Name, Mailing Address and ZIP Code Burd, Cheryl 1825 Cody Casper, WY 82604	Purpose of Disbursement Constituent services/ gifts expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/04/90	Amount of Each Disbursement This Period 25.00
H. Full Name, Mailing Address and ZIP Code Burd, Cheryl 1825 Cody Casper, WY 82604	Purpose of Disbursement Campaign staff wages Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/15/90 2/28/90	Amount of Each Disbursement This Period 181.40 181.40
I. Full Name, Mailing Address and ZIP Code Burd, Cheryl 1825 Cody Casper, WY 82604	Purpose of Disbursement Campaign staff wages Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/15/90 3/30/90	Amount of Each Disbursement This Period 181.40 181.40

SUBTOTAL of Disbursements This Page (optional)

2,901.39

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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1a 7
FOR LINE NUMBER
17 (memo entry)

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NAME OF COMMITTEE (in Full)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code American Express (Memo entry) Drake Hotel Chicago, IL	Purpose of Disbursement Fundraising activities/ lodging expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/18/89	Amount of Each Disbursement This Period 240.15
B. Full Name, Mailing Address and ZIP Code American Express (Memo entry) Continental Airlines Chicago, IL	Purpose of Disbursement Constituent services/ air fare expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/14/90	Amount of Each Disbursement This Period 79.00
C. Full Name, Mailing Address and ZIP Code American Express (Memo entry) Pius International Room Red Lodge, MT	Purpose of Disbursement Constituent services/ meal expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/28/89	Amount of Each Disbursement This Period 109.24
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

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NAME OF COMMITTEE (in Full)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carroll, Margaret 261 Dirksen Office Building Washington, D.C. 20036	Reimbursement of campaign imprest fund Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/03/90 1/10/90 2/13/90	100.00 100.00 150.00
B. Full Name, Mailing Address and ZIP Code Cash Register Systems, Inc 142 N. Kimball Casper, WY 82601	Purpose of Disbursement Rental fee for campaign equipment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/08/90 2/01/90 2/27/90	Amount of Each Disbursement This Period 250.00 250.00 250.00
C. Full Name, Mailing Address and ZIP Code Cash Register Systems, Inc 142 N. Kimball Casper, WY 82601	Purpose of Disbursement Campaign office supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/22/90	Amount of Each Disbursement This Period 81.10
D. Full Name, Mailing Address and ZIP Code Cash Register Systems, Inc 142 N. Kimball Casper, WY 82601	Purpose of Disbursement Rental fee for campaign equipment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/26/90	Amount of Each Disbursement This Period 250.00
E. Full Name, Mailing Address and ZIP Code Dean's Sporting Goods 260 S. Center Casper, WY 82601	Purpose of Disbursement Campaign Fundraiser drawing for Centennial rifle, pistol and knife Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/06/90 3/09/90	Amount of Each Disbursement This Period 930.00 1,040.00
F. Full Name, Mailing Address and ZIP Code Eberst, Cecilia 2144 N. Shoshoni Trail South Cody, WY 82414	Purpose of Disbursement Campaign staff wages Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/12/90 1/31/90	Amount of Each Disbursement This Period 144.28 70.19
G. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 1140 - Dept. A Memphis, TN 38101-1140	Purpose of Disbursement Campaign postage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/03/90 1/03/90 1/16/90	Amount of Each Disbursement This Period 30.00 46.75 15.00
H. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 1140 - Dept. A Memphis, TN 38101-1140	Purpose of Disbursement Campaign postage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/16/90 1/19/90 1/23/90	Amount of Each Disbursement This Period 30.00 45.00 15.00
I. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 1140 - Dept. A Memphis, TN 38101-1140	Purpose of Disbursement Campaign postage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/12/90 3/13/90 3/22/90	Amount of Each Disbursement This Period 44.00 37.00 33.25
SUBTOTAL of Disbursements This Page (optional)			3,911.57
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NAME OF COMMITTEE (in Full)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fleming, Linda 1814 32nd Street Cody, WY 82414	Campaign staff wages	1/15/90	470.10
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1/31/90	470.10
	<input type="checkbox"/> Other (specify)	2/15/90	470.10
B. Full Name, Mailing Address and ZIP Code Fleming, Linda 1814 32nd Street Cody, WY 82414	Campaign staff wages	2/28/90	470.10
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	3/15/90	530.36
	<input type="checkbox"/> Other (specify)	3/30/90	530.36
C. Full Name, Mailing Address and ZIP Code Hoffman, Paul 2620 West Avenue Cody, WY 82414	Campaign staff wages	2/28/90	704.59
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	3/15/90	704.59
	<input type="checkbox"/> Other (specify)	3/30/90	704.59
D. Full Name, Mailing Address and ZIP Code Hoffman, Paul 2620 West Avenue Cody, WY 82414	Reimbursement for campaign travel, meal expense	3/06/90	134.31
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	3/26/90	257.76
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Intellogic Trace, Inc P.O. Box 85 Shepard MT. 59079	Campaign equipment maintenance contract	1/08/90	387.28
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1/16/90	387.28
	<input type="checkbox"/> Other (specify)	2/14/90	387.28
F. Full Name, Mailing Address and ZIP Code Intellogic Trace, Inc. P.O. Box 85 Shepard, MT 59079	Campaign office supplies	2/06/90	97.03
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Intellogic Trace, Inc P.O. Box 85 Shepard, MT 59079	Campaign equipment maintenance contract	3/22/90	387.28
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Internal Revenue Service Ogden, UT 84201-0005	employment taxes & 1120	1/25/90	954.78
	POL income tax return	1/25/90	82.76
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	3/12/90	2,016.96
I. Full Name, Mailing Address and ZIP Code Mid Atlantic Coca-Cola Co. Box 79260 Baltimore, MD 21279	Constituent services/ beverage expense	3/26/90	224.48
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			10,372.09
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NAME OF COMMITTEE (in Full)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McCreery, Karen 4 Lane 20 Cody, WY 82414	Campaign staff wages Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/31/90 2/28/90 3/30/90	650.20 595.92 595.92
B. Full Name, Mailing Address and ZIP Code McCreery, Karen 4 Lane 20 Cody, WY 82414	Purpose of Disbursement Reimbursement for campaign imprest fund Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/90	50.00
C. Full Name, Mailing Address and ZIP Code Ratliff, J.O. 915 Stafford Casper, WY 82601	Purpose of Disbursement Campaign staff wages Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/15/90 2/15/90 2/28/90	400.00 376.28 376.28
D. Full Name, Mailing Address and ZIP Code Ratliff, J.O. 915 Stafford Casper, WY 82601	Purpose of Disbursement Campaign staff wages Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/01/90 3/15/90 3/30/90	200.00 376.28 376.28
E. Full Name, Mailing Address and ZIP Code Ratliff, J.O. 915 Stafford Casper, WY 82601	Purpose of Disbursement Fundraising activities/ reimbursement for meals Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/29/90 3/27/90	354.91 225.43
F. Full Name, Mailing Address and ZIP Code Shoshone Office Supply 1021 14th Street Cody, WY 82414	Purpose of Disbursement Office supplies for campaign office Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/08/90 2/02/90 3/06/90	18.49 181.14 919.28
G. Full Name, Mailing Address and ZIP Code Spirit Mountain Aviation 3227 Duggleby Drive Cody, WY 82414	Purpose of Disbursement Constituent services/ air charter expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/23/90 2/06/90	888.44 270.00
H. Full Name, Mailing Address and ZIP Code T L Computing 1110 Major Avenue Riverton, WY 82501	Purpose of Disbursement Campaign office equipment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/90	2,276.30
I. Full Name, Mailing Address and ZIP Code Tarrance & Associates 14550 Torry Chase Blvd. #600 Houston, TX 77014	Purpose of Disbursement Constituent services/ Benchmark polling expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/01/90	892.50
SUBTOTAL of Disbursements This Page (optional)			10,023.65
TOTAL This Period (last page this line number only)			

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NAME OF COMMITTEE (in Full)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Lankford, Inc. P.O. Box 1504 Washington, D.C. 20013	Stationery expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/90	298.50
B. Full Name, Mailing Address and ZIP Code Torohmark Corporation 2001 3rd Avenue South Birmingham, AL 35233	Purpose of Disbursement Fundraising activities reimbursement for lodging Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/21/90	334.95
C. Full Name, Mailing Address and ZIP Code U.S. Postmaster Cody, WY 82414	Purpose of Disbursement Constituent services/ postage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/08/90 1/31/90 2/06/90	50.00 16.85 50.00
D. Full Name, Mailing Address and ZIP Code U.S. Postmaster Cody, WY 82414	Purpose of Disbursement Constituent services/ postage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/02/90 2/07/90 2/26/90	225.00 14.00 27.45
E. Full Name, Mailing Address and ZIP Code U.S. Postmaster Cody, WY 82414	Purpose of Disbursement Constituent services/ postage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/21/90 3/07/90	250.00 250.00
F. Full Name, Mailing Address and ZIP Code U.S. Senate Restaurnat Washington, D.C. 20510	Purpose of Disbursement Constituent Services/ meals expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/03/90 1/12/90	138.25 247.00
G. Full Name, Mailing Address and ZIP Code U.S. Senate Restaurant Washington, D.C. 20510	Purpose of Disbursement Constituent services/ meals expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/12/90 3/12/90	266.65 460.73
H. Full Name, Mailing Address and ZIP Code U.S. West Communications Denver, CO 80244	Purpose of Disbursement Constituent services/ campaign telephone expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/08/90 1/08/90 1/29/90	27.32 34.94 25.95
I. Full Name, Mailing Address and ZIP Code U.S. West Communications Denver, CO 80244	Purpose of Disbursement Constituent services/ campaign telephone expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/01/90 2/21/90	28.78 1.18

SUBTOTAL of Disbursements This Page (optional)

2,747.55

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NAME OF COMMITTEE (in Full)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. West Communications Denver, CO 80244	Constituent services/ campaign telephone deposit fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/90	195.00
U.S. West Communications Denver, CO 80244	Constituent services/ campaign telephone expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/90 3/06/90	49.13 28.05
U.S. West Communications Denver, CO 80244	Constituent services/ campaign telephone expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/90 3/26/90	117.59 41.49
Upchurch, Samuel 2001 3rd Avenue South Birmingham, AL 35233	Fundraising activities/ meals expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/21/90	1,163.02
Visa Denver, CO (Memo entry for itemization attached page 6a and 6b)	Constituent services/meals travel, lodging expense, fundraising activities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/10/90	3,385.95
Visa Denver, CO (Memo entry for itemization attached page 6a and 6b)	Constituent services/meals travel, lodging expense, fundraising activities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/06/90 3/06/90	4,519.08 3,092.26
Webster Chevrolet 1172 16th Street Cody, WY 82414	Constituent services/ car rental expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/06/90 3/15/90 3/22/90	107.24 84.26 45.96
Westin Tabor Center Hotel 1672 Laurence Denver, CO 80202	Constituent services/ meals, lodging expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/90	116.60
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			12,945.63
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NAME OF COMMITTEE (in Full)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Visa (Memo entry) Best Western Motel (Sunset House Restaurant) Cody, WY 82414	Constituent & staff services/meals expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/08/90	268.59
B. Full Name, Mailing Address and ZIP Code Visa (Memo entry) Continental Airlines Washington, D.C.	Purpose of Disbursement Constituent & fundraising activities/airfare expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/24/89 11/27/89	Amount of Each Disbursement This Period 455.00 574.00
C. Full Name, Mailing Address and ZIP Code Visa (Memo entry) Continental Airlines Washington, D.C.	Purpose of Disbursement Campaign fundraising activities/airfare expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/05/90 1/05/90 1/05/90	Amount of Each Disbursement This Period 120.00 120.00 760.00
D. Full Name, Mailing Address and ZIP Code Visa (Memo entry) Eastgate Liquor Cody, WY 82414	Purpose of Disbursement Constituent & staff services/beverage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/19/89 12/19/89 12/22/89	Amount of Each Disbursement This Period 140.12 12.50 75.90
E. Full Name, Mailing Address and ZIP Code Visa (Memo entry) Eastgate Liquor Cody, WY 82414	Purpose of Disbursement Constituent & Staff services/beverage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/23/89 12/30/89	Amount of Each Disbursement This Period 207.25 48.20
F. Full Name, Mailing Address and ZIP Code Visa (Memo entry) Hitching Post Inn Cheyenne, WY	Purpose of Disbursement Campaign activities/meals expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/01/90 1/10/90	Amount of Each Disbursement This Period 14.10 12.61
G. Full Name, Mailing Address and ZIP Code Visa (Memo entry) Hitching Post Inn Cheyenne, WY	Purpose of Disbursement Campaign activities/meals & beverage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/20/90 2/25/90	Amount of Each Disbursement This Period 253.27 24.70
H. Full Name, Mailing Address and ZIP Code Visa (Memo entry) La Reserve Operating Corp. (restaurant) New York, NY	Purpose of Disbursement Constituent services/meals & beverage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/4/89	Amount of Each Disbursement This Period 379.70
I. Full Name, Mailing Address and ZIP Code Visa (Memo entry) Midway Airlines Arlington, VA	Purpose of Disbursement Campaign activities/airfare expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/09/90	Amount of Each Disbursement This Period 324.00

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NAME OF COMMITTEE (In Full)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code Visa (Memo entry) Old Ebbitt Grill Washington, D.C.	Purpose of Disbursement Campaign activities/ meals expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/25/90	Amount of Each Disbursement This Period 210.27
B. Full Name, Mailing Address and ZIP Code Visa (Memo entry) Pagliaccis Denver, CO	Purpose of Disbursement Campaign activities/ meals expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/06/90	Amount of Each Disbursement This Period 267.75
C. Full Name, Mailing Address and ZIP Code Visa (Memo entry) Powerscourt Restaurant Washington, D.C.	Purpose of Disbursement Campaign activities/ meals expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/05/90	Amount of Each Disbursement This Period 273.75
D. Full Name, Mailing Address and ZIP Code Visa (Memo entry) Schneiders Liquor Company Washington, D.C.	Purpose of Disbursement Campaign activities/ beverage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/7/89 1/12/90 1/12/90	Amount of Each Disbursement This Period 31.79 13.45 12.70
E. Full Name, Mailing Address and ZIP Code Visa (Memo entry) Schneiders Liquor Company Washington, D.C.	Purpose of Disbursement Campaign activities/ beverage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/12/90 1/22/90	Amount of Each Disbursement This Period 860.55 23.82
F. Full Name, Mailing Address and ZIP Code Visa (Memo entry) United Airlines Washington, D.C.	Purpose of Disbursement Campaign fundraising activities/airfare expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/14/89 1/05/90 1/16/90	Amount of Each Disbursement This Period 724.00 502.00 418.00
G. Full Name, Mailing Address and ZIP Code Visa (Memo entry) United Airlines Washington, D.C.	Purpose of Disbursement Campaign fundraising activities/airfare expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/22/90 1/31/90 2/07/90 2/07/90	Amount of Each Disbursement This Period 125.00 100.00 982.00 982.00
H. Full Name, Mailing Address and ZIP Code Visa (Memo entry) Westin Tabor Center Denver, CO	Purpose of Disbursement Constituent services/ lodging & meals expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/09/90 1/09/90	Amount of Each Disbursement This Period 645.53 217.87
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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NAME OF COMMITTEE (in Full)

The Simpson Senate Committee 1990

900200326

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Unitemized disbursements	Campaign, activities, constituent services, meals, travel, lodging, gift expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		4,573.32
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

4,573.32

TOTAL This Period (last page this line number only)

47,475.20

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 21

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)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code A Way of Life 203 Grandview Drive Newcastle, WY 82701	Purpose of Disbursement Constituent services/ contribution from excess campaign funds Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/19/90	Amount of Each Disbursement This Period 250.00
B. Full Name, Mailing Address and ZIP Code Washakie County Republican Central Committee P.O. Box 103 Worland, WY 82401	Purpose of Disbursement Constituent services/ contribution from excess campaign funds Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/08/90	Amount of Each Disbursement This Period 250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

8
2
0
2
0
0
0
0
2
0
0
9

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
The Simpson Senate Committee 1990				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Internal Revenue Service Ogden, UT	1,037.54	-0-	954.78 82.76 1,037.54	-0-
Nature of Debt (Purpose): Employee & Futa Tax				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Employment Security Commission Casper, WY	55.08	-0-	55.08	-0-
Nature of Debt (Purpose): Unemployment Tax				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Internal Revenue Service Ogden, UT	2,016.96	-0-	2,016.96	-0-
Nature of Debt (Purpose): Income Tax				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				-0-
2) TOTAL This Period (last page this line only)				-0-
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				-0-

90020082029

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11A
Memo Entry

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)

The Simpson Senate Committee 1990

Redesignation of Contributions

A. Full Name, Mailing Address and ZIP Code
Phillips S. Peter
1331 Pennsylvania Ave., N.W.
Suite 800 South (letter of redesignation attached)
Washington, D.C. 20004

Name of Employer
General Electric Co.
Occupation
Executive

Date (month, day, year)
11/27/90

Amount of Each Receipt this Period
500.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code
Hall W. Thompson
103 Carnoustie Street
Shoal Creek, AL 35242
(Letter of redesignation attached)

Name of Employer
Thompson Realty
Occupation
Executive

Date (month, day, year)
12/04/90

Amount of Each Receipt this Period
1000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 1000.00

C. Full Name, Mailing Address and ZIP Code
Mrs. Hall W. Thompson
103 Carnoustie Street
Shoal Creek, AL 35242
(Letter of redesignation attached)

Name of Employer
Occupation
Housewife

Date (month, day, year)
12/04/89

Amount of Each Receipt this Period
1000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 1000.00

D. Full Name, Mailing Address and ZIP Code
R. Diane Williams
1299 Gilpin St., No. 13
Denver, CO 80218
(Letter of redesignation attached)

Name of Employer
Occupation
Housewife

Date (month, day, year)
5/10/89

Amount of Each Receipt this Period
1000.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 1000.00

E. Full Name, Mailing Address and ZIP Code
William C. Liedtke, Jr.
P.O. Box 61289
Houston, TX 77208

Name of Employer
Pogo Producing Co.
Occupation
Executive

Date (month, day, year)
12/12/89

Amount of Each Receipt this Period
500.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

F. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

MEMO ENTRY

NON-PARTISAN POLITICAL SUPPORT COMMITTEE
FOR GENERAL ELECTRIC COMPANY EMPLOYEES

November 14, 1989

The Honorable Alan K. Simpson
Simpson Senate Campaign 1990 (C00126169)
P.O. Box 2775
Cody, WY 82414

Dear Senator Simpson:

On behalf of General Electric executive and professional employees contributing to the Non-Partisan Political Support Committee, it gives me great pleasure to enclose this Committee check for \$1,000 to help finance your 1990 general election campaign.

This contribution to your campaign has been earmarked in part by the General Electric executive listed below. You may wish to acknowledge receipt of the contribution directly to him.

You'll be pleased to know that with this contribution of \$1,000 our PAC will have contributed \$4,150 toward your 1990 campaign.

May I wish you all success in your campaign.

Sincerely,

Robert W. Nelson

Robert W. Nelson
Treasurer

RWN:glc

Enclosure

c: Rhea J. Burnett
Constituent Relations Program Manager

Phillips S. Peter (\$500)
Vice President
Corporate Government Relations
General Electric Company
1331 Pennsylvania Avenue, NW
Suite 800 South
Washington, DC 20004

SCHEDULE A

ITEMIZED RECEIPTS

Page 14 of 29 for
 LINE NUMBER 11-A
 (Use separate schedule(s) for each
 category of the Detailed
 Summary Page)

Any information copied from such Reports or 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) <u>The Simpson Senate Committee 1990</u>			
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date--\$			
B. Full Name, Mailing Address and ZIP Code <u>Phillips S. Peter</u> <u>1331 Pennsylvania Ave., N.W.</u> <u>Suite 800 South</u> <u>Washington, DC 20004</u>	Name of Employer <u>General Electric Co.</u>	Date (month, day, year) <u>11-27-89</u>	Amount of Each Receipt This Period <u>500.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Executive</u>		
Aggregate Year-to-Date--\$ <u>500.00</u>			
C. Full Name, Mailing Address and ZIP Code <u>Daniel Breen</u> <u>5618 Briar Dr.</u> <u>Houston, TX 77056</u>	Name of Employer <u>Daniel A. Breen & Co.</u>	Date (month, day, year) <u>12-1-89</u>	Amount of Each Receipt This Period <u>1,000.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Executive</u>		
Aggregate Year-to-Date--\$ <u>1,000.00</u>			
D. Full Name, Mailing Address and ZIP Code <u>Tony Brill</u> <u>No. 1 Eagle View</u> <u>Shoal Creek, AL 35094</u>	Name of Employer <u>Pete Marwick Company</u>	Date (month, day, year) <u>12-1-89</u>	Amount of Each Receipt This Period <u>1,000.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Executive</u>		
Aggregate Year-to-Date--\$ <u>1,000.00</u>			
E. Full Name, Mailing Address and ZIP Code <u>Samuel E. Upchurch, Jr.</u> <u>Oc/o Torchmark Corp.</u> <u>P.O. Box 2612</u> <u>Birmingham, AL 35202</u>	Name of Employer <u>Torchmark Corp.</u>	Date (month, day, year) <u>12-1-89</u>	Amount of Each Receipt This Period <u>1,000.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Executive</u>		
Aggregate Year-to-Date--\$ <u>1,000.00</u>			
F. Full Name, Mailing Address and ZIP Code <u>Daniel C. Arnold</u> <u>400 First City Tower</u> <u>1001 Fannin St.</u> <u>Houston, TX 77002</u>	Name of Employer <u>Farm & Home Financial Corp.</u>	Date (month, day, year) <u>12-1-89</u>	Amount of Each Receipt This Period <u>500.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>President/Chairman of the Board</u>		
Aggregate Year-to-Date--\$ <u>500.00</u>			
G. Full Name, Mailing Address and ZIP Code <u>J. Hugh Liedtke</u> <u>Pennzoil Place</u> <u>P.O. Box 2967</u> <u>Houston, TX 77252-2967</u>	Name of Employer <u>Penzoil Corp.</u>	Date (month, day, year) <u>12-1-89</u>	Amount of Each Receipt This Period <u>1,000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Executive</u>		
Aggregate Year-to-Date--\$ <u>1,000.00</u>			
SUBTOTAL of Receipts This Page (optional)			<u>5,000.00</u>
TOTAL This Period (last page this line number only)			

HALL W. THOMPSON

January 29, 1990

Ms. Karen E. McCreery, Treasurer
Simpson Senate Committee
P.O. Box 2775
Cody, Wyoming 82414

Dear Ms. McCreery:

Please be advised that the \$2,000 check made payable to The Simpson Senate Committee was a contribution from Mrs. Thompson and from me. We understand that under Federal regulation each of us can give \$1,000 and would like for you to so indicate.

My very best to a very fine Senator.

Regards,



Hall W. Thompson

HWT/cr

SCHEDULE A

ITEMIZED RECEIPTS

Page 18 of 29 for
 LINE NUMBER 11-A
 (Use separate schedule(s) for each
 category of the Detailed
 Summary Page)

Any information copied from such Reports or 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)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code Hall W. Thompson 103 Carnoustie St. Shoal Creek, AL 35242 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Thompson Realty Occupation Executive Aggregate Year-to-Date-\$ <u>1,000.00</u>	Date (month, day, year) 12-4-89	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Hall Thompson 103 Carnoustie St. Shoal Creek, AL 35242 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Thompson Realty Occupation Executive Aggregate Year-to-Date-\$ <u>2,000.00</u>	Date (month, day, year) 12-4-89	Amount of Each Receipt This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Mrs. David K. Wilson 3022 Vanderbilt Pl. P.O. Box 121559 Nashville, TN 37212 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date-\$ <u>1,000.00</u>	Date (month, day, year) 12-4-89	Amount of Each Receipt This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code David K. Wilson 3022 Vanderbilt Pl. P.O. Box 121559 Nashville, TN 37212 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information requested ✓ Occupation Aggregate Year-to-Date-\$ <u>1,000.00</u>	Date (month, day, year) 12-4-89	Amount of Each Receipt This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Kay McMurry 3117 Covington St. Fairfax, VA 22031 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information requested ✓ Occupation Aggregate Year-to-Date-\$ <u>500.00</u>	Date (month, day, year) 12-4-89	Amount of Each Receipt This Period 500.00
F. Full Name, Mailing Address and ZIP Code Maurice W. Brown 614 S. Greeley Hwy. Cheyenne, WY 82007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information requested ✓ Occupation Aggregate Year-to-Date-\$ <u>1,000.00</u>	Date (month, day, year) 12-4-89	Amount of Each Receipt This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Michael G. Taylor 1001 Bishop St. Suite 800 Honolulu, HI 96813 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Manufacturers Financial Group Occupation Executive Aggregate Year-to-Date-\$ <u>250.00</u>	Date (month, day, year) 12-4-89	Amount of Each Receipt This Period 250.00
SUBTOTAL of Receipts This Page (optional)			5,750.00
TOTAL This Period (last page this line number only)			

THE SIMPSON SENATE COMMITTEE

P.O. Box 2775

Cody, Wyoming 82414

PLEASE DISTRIBUTE MY CONTRIBUTION AS INDICATED

** Your April, 1988 contribution of \$1,000 toward the primary election is the maximum allowed.

\$ 1,000 General Election (April, 1989 contribution)

၆

M



2

D



9

6

25

SPOUSE'S CONTRIBUTION

** Your April, 1988 contribution of \$1,000 toward the primary election is the maximum allowed. (made in the name of R. Diane Perna)

1,000 General Election (April, 1989 contribution made in the name of R. Diane Williams)

Signature.

~~Carl M. Williams.~~

cc.

Spouse's Signature

R. Diane Williams

SCHEDULE A

ITEMIZED RECEIPTS

Detailed Summary Page

FOR LINE NUMBER
11a

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)

The Simpson Senate Committee 1990

A. Full Name, Mailing Address and ZIP Code J. Sloan Hales, M.D. 1600 Hereford Ranch Rd Cheyenne, WY 82007 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 5/10/89	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Capt. Bob Morris Teton Village, WY 83025 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 5/10/89	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code Carl M. Williams 1290 Broadway, Suite 606 Denver, CO 80203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Executive/Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 5/10/89	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code R. Diane Williams 1299 Gilpin St., No. 13 Denver, CO 80218 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 5/10/89	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Carol Cockrell Curran 1600 Smith, Suite 4600 Houston, TX 77002 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 5/10/89	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Moshe Drizin 441 Crown Brooklyn, NY Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Realtor Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3/17/89	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Moshe Drizin 441 Crown Brooklyn, NY Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Realtor Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 3/17/89	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)

6,300.00

TOTAL This Period (last page this line number only)

THE SIMPSON SENATE COMMITTEE
P.O. Box 2775
Cody, Wyoming 82414

RE: DISTRIBUTION OF \$1,000 CONTRIBUTION MADE IN DECEMBER, 1989.

PLEASE DISTRIBUTE MY CONTRIBUTION AS INDICATED

** Your March, 1988 contribution of \$1,000 toward the
primary election is the maximum allowed.

\$ 500.00 General Election from contribution of June, 1989

\$ 500.00 General Election

SPOUSE'S CONTRIBUTION

** Your March, 1988 contribution of \$1,000 toward the
primary election is the maximum allowed.

\$ 500.00 General Election

Signature

Spouse's Signature

William C. Liedtke, Jr.

Bessie J. Liedtke

SCHEDULE A

ITEMIZED RECEIPTS

Page 11 of 11 for
 LINE NUMBER 11-A
 (Use separate schedule(s) for each
 category of the Detailed
 Summary Page)

Any information copied from such Reports or 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) The Simpson Senate Committee 1990			
A. Full Name, Mailing Address and ZIP Code W. Inge Hill, Sr. 73 Washington Ave. 2nd Floor Hill Bldg. Montgomery, AL 36104	Name of Employer Hill, Hill, Carter Franco, Cole & Black P.C. Occupation Attorney	Date (month, day, year) 12-31-89	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
B. Full Name, Mailing Address and ZIP Code William C. Liedtke, Jr. P.O. Box 61289 Houston, TX 77208	Name of Employer Pogo Producing Co. Occupation Executive	Date (month, day, year) 12-12-89	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,500.00		
C. Full Name, Mailing Address and ZIP Code Mrs. Bessie Liedtke P.O. Box 61289 Houston, TX 77208	Name of Employer Occupation Housewife	Date (month, day, year)	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
D. Full Name, Mailing Address and ZIP Code Unitemized Contributions	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period 6,200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
SUBTOTAL of Receipts This Page (optional)			7,450.00
TOTAL This Period (last page this line number only)			137,200.00

Impson Senate Committee
Box 2775
Wyoming 82414



Office of Public Record
Office of the Secretary of Senate
32 Hart Senate Office Building
Washington, D.C. 20510-7116

900200039

CERTIFIED

P 538 660 782

MAIL

9002002040