

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) SIMPSON FOR CONGRESS

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 1487 PARKWAY DRIVE BLACKFOOT ID 83221

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00331397 CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1) [X] July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

- (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of

- (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 05 08 2008 through 06 30 2008

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 T. LAYNE VAN ORDEN

Signature of Treasurer Electronically Filed by T. LAYNE VAN ORDEN Date 07 15 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

SIMPSON FOR CONGRESS

Report Covering the Period: From:

M	M
0	5

D	D
0	8

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	69550.00	392937.78
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	69550.00	392937.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	29452.05	277245.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	29452.05	277245.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	134834.09	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
 SIMPSON FOR CONGRESS

Report Covering the Period: From:

M	M
0	5

D	D
0	8

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
 Total This Period

COLUMN B
 Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
 Political Committees

(i) Itemized (use Schedule A).....

11700.00

97937.78

(ii) Unitemized.....

100.00

5850.00

(iii) TOTAL of contributions

11800.00

103787.78

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees
 (such as PACS).....

57750.00

289150.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
 (other than loans)
 (add Lines 11(a)(iii), (b), (c), and (d))

69550.00

392937.78

12. TRANSFERS FROM OTHER
 AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
 Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
 (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
 EXPENDITURES
 (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS
 (Dividends, Interest, etc.).....

0.00

0.00

16. **TOTAL RECEIPTS** (add Lines
 11(e), 12, 13(c), 14, and 15)
 (Carry Total to Line 24, page 4)..... ▶

69550.00

392937.78

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29452.05	277245.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	20000.00	60000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	18350.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	49452.05	355595.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	114736.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	69550.00
25. SUBTOTAL (add Line 23 and Line 24).....	184286.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	49452.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	134834.09

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACP SERVICES PAC

Mailing Address 2011 Pennsylvania Ave., N.W., #800

City State Zip Code
Washington DC 20006-1808

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 8

Transaction ID: 80515.C10174

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1640 Wisconsin Avenue NW

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 2 / 2 0 0 8

Transaction ID: 80512.C10167

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AGSH&F CIVIC ACTION COMMITTEE

Mailing Address 1333 New Hampshire Ave., NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 8

Transaction ID: 80515.C10171

Amount of Each Receipt this Period
750.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 34
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ALASKA AIR GROUP INC. PAC		Date of Receipt
	Mailing Address P. O. Box 68900		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Seattle	WA	98168-0900
	FEC ID number of contributing federal political committee.		Transaction ID: 80522.C10186
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) ALASKA AIR GROUP INC. PAC		Date of Receipt
	Mailing Address P. O. Box 68900		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Seattle	WA	98168-0900
	FEC ID number of contributing federal political committee.		Transaction ID: 80522.C10187
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) AMERICAN ACADEMY OF AUDIOLOGY, INC. PAC		Date of Receipt
	Mailing Address 11730 Plaza American Dr., Ste. 300		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Reston	VA	20190
	FEC ID number of contributing federal political committee.		Transaction ID: 80612.C10202
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="1500.00"/>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="3000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY-FAMILY PHYSICIANS PAC
Mailing Address 2023 Massachusetts Ave. NW
City Washington State DC Zip Code 20036-1011
FEC ID number of contributing federal political committee. **C** C00411553
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 05 / 23 / 2008
Transaction ID: 80523.C10192
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC
Mailing Address 1120 Connecticut Ave., N.W.
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00004275
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80711.C10208
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BECHTEL PAC
Mailing Address P. O. Box 193965
City San Francisco State CA Zip Code 94119
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 05 / 15 / 2008
Transaction ID: 80515.C10172
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BECHTEL PAC

Mailing Address P. O. Box 193965

City San Francisco State CA Zip Code 94119

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: 80711.C10216
 Amount of Each Receipt this Period: 2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
BRINKER INTERNATIONAL INC PAC

Mailing Address 6820 LBJ FREEWAY

City Dallas State TX Zip Code 75240

FEC ID number of contributing federal political committee. **C** C00241851

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 05 / 23 / 2008
Transaction ID: 80523.C10190
 Amount of Each Receipt this Period: 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BUILD PAC-NATIONAL HOME BUILDERS

Mailing Address 1201 15th Street N.W.

City Washington State DC Zip Code 20005-2800

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 05 / 23 / 2008
Transaction ID: 80523.C10191
 Amount of Each Receipt this Period: 5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CALIFORNIA DAIRIES FEDERAL PAC

Mailing Address **PO Box 2198**

City **Los Banos** State **CA** Zip Code **93635-2198**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **7500.00**

Date of Receipt **05 / 27 / 2008**

Transaction ID: 80612.C10198

Amount of Each Receipt this Period **5000.00**

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMM OF

Mailing Address **NATIONAL AUTOMOBILE DEALERS ASSOC
8400 Westpark Drive**

City **Mc Lean** State **VA** Zip Code **22102**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt **05 / 19 / 2008**

Transaction ID: 80519.C10183

Amount of Each Receipt this Period **5000.00**

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DIRECTV GROUP PAC

Mailing Address **444 North Capitol Street NW Suite**

City **Washington** State **DC** Zip Code **20001**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **4000.00**

Date of Receipt **06 / 30 / 2008**

Transaction ID: 80711.C10218

Amount of Each Receipt this Period **2000.00**

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **12000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION PAC

Mailing Address 5959 Las Colinas Blvd.

City Irving State TX Zip Code 75039-2298

FEC ID number of contributing federal political committee. **C** C00095406

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 15 / 2008
Transaction ID: 80515.C10175
 Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
FLORIDA SUGAR CANE LEAGUE PAC

Mailing Address 401 S C Owens Ave. W

City Clewiston State FL Zip Code 33440-3639

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 05 / 19 / 2008
Transaction ID: 80519.C10185
 Amount of Each Receipt this Period 2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
FMC GOOD GOVERNMENT PROGRAM

Mailing Address 1667 K Street NW, Suite 460

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00033704

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 05 / 15 / 2008
Transaction ID: 80515.C10173
 Amount of Each Receipt this Period 2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FMC GOOD GOVERNMENT PROGRAM
Mailing Address 1667 K Street NW, Suite 460
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00033704
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00
Date of Receipt 06 / 18 / 2008
Transaction ID: 80711.C10203
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
GENERAL ATOMICS/PAC
Mailing Address P. O. Box 22930
City San Diego State CA Zip Code 92122
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80711.C10219
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL PAC
Mailing Address 1001 Pennsylvania Ave, NW, Suite 7
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 05 / 19 / 2008
Transaction ID: 80519.C10184
Amount of Each Receipt this Period 5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 8000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ICE CREAM, MILK & CHEESE PAC
Mailing Address 1250 H Street, N.W., Suite 900
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80711.C10215
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
NATIONAL COUNCIL OF FARMERS COOP. PAC
Mailing Address 50 F Street, NW, Suite 900
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80711.C10209
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NEA FUND FOR CHILDREN & PUBLIC ED
Mailing Address Multi Candidate Committee
1201 16th Street, N.W., Suite 421
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5000.00
Date of Receipt 05 / 27 / 2008
Transaction ID: 80612.C10199
Amount of Each Receipt this Period 5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 7000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PAC OF THE AMERICAN ASSOC. ORTHOPAEDIC

Mailing Address 317 Massachusetts Ave. N.E.

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2008

Transaction ID: 80711.C10210

Amount of Each Receipt this Period 2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 6501 Legacy Drive

City Plano State TX Zip Code 75024-1119

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
05 / 27 / 2008

Transaction ID: 80612.C10196

Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 N. Michigan Ave.

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
05 / 23 / 2008

Transaction ID: 80523.C10193

Amount of Each Receipt this Period 4000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 34
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
VAN NESS FELDMAN, PC PAC

Mailing Address 1050 Thomas Jefferson St. NW Ste 7

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: 80522.C10188

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	57750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) PAUL G. ALLEN		Date of Receipt
	Mailing Address 505 Fifth Avenue South, Suite 900		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Seattle	WA	98104
	FEC ID number of contributing federal political committee. C		Transaction ID: 80612.C10194
Name of Employer Self-employed		Occupation Self-employed	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="2000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) LEILA A. ALTER		Date of Receipt
	Mailing Address 269 Donica Church Rd.		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bedford	IN	47421
	FEC ID number of contributing federal political committee. C		Transaction ID: 80519.C10179
Name of Employer Self-employed		Occupation Dentist	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="200.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="200.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) BALL JANIK LLP		Date of Receipt
	Mailing Address 101 Southwest Main Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Portland	OR	97204
	FEC ID number of contributing federal political committee. C		Transaction ID: 80711.C10217
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="500.00"/>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1500.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2700.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NICHOLAS G. CAVAROCCHI

Mailing Address 10201 Grosvenor Pl, Apt. 604

City State Zip Code
Rockville MD 20852-4611

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

Name of Employer: Cavarocchi, Ruscio Dennis Asso
Occupation: Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: 80711.C10214
 Amount of Each Receipt this Period: 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 1462

City State Zip Code
Bellevue WA 98009

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

Name of Employer: Washington2 Advocates, LLC
Occupation: Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 833.34

Date of Receipt: 06 / 18 / 2008
Transaction ID: 80711.C10207
 Amount of Each Receipt this Period: 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1324 34th Street NW

City State Zip Code
Washington DC 20007

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

Name of Employer: Cassidy & Associates
Occupation: Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 05 / 27 / 2008
Transaction ID: 80612.C10197
 Amount of Each Receipt this Period: 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVID J. HILL

Mailing Address 5912 Gleneagles Drive

City Idaho Falls State ID Zip Code 83401-6349

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

Name of Employer Battelle Energy Alliance Occupation Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 06 / 30 / 2008
Transaction ID: 80711.C10212
Amount of Each Receipt this Period 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
STEVEN J. HOLM

Mailing Address 3465 Airport Road

City Portage State IN Zip Code 46368

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

Name of Employer Self-employed Occupation Dentist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 05 / 19 / 2008
Transaction ID: 80519.C10182
Amount of Each Receipt this Period 200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
SYCUAN BAND OF THE KUMEYAAAY NATION

Mailing Address 5459 Dehesa Road

City El Cajon State CA Zip Code 92019

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

Name of Employer Native American Nation Occupation Native American Nation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt 06 / 30 / 2008
Transaction ID: 80711.C10220
Amount of Each Receipt this Period 2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3200.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAYMOND M. MADDOX
Mailing Address 1200 N. Walnut St.
City State Zip Code
Hartford City IN 47348
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Dentist
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00
Date of Receipt 05 / 19 / 2008
Transaction ID: 80519.C10177
Amount of Each Receipt this Period 400.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
DAVID N. MATTHEWS
Mailing Address 3611 Broadway
City State Zip Code
Fort Wayne IN 46807-1724
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Dentist
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00
Date of Receipt 05 / 19 / 2008
Transaction ID: 80519.C10180
Amount of Each Receipt this Period 200.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
T.J. PETRIZZO
Mailing Address 552 John Anderson Drive
City State Zip Code
Ormond Beach FL 32176
FEC ID number of contributing federal political committee. **C**
Name of Employer Petrizzo Strategic Group Occupation President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 05 / 27 / 2008
Transaction ID: 80612.C10195
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
WILLIAM B RISK

Mailing Address 609 North 5TH Street

City State Zip Code
Lafayette IN 47901-0498

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

Name of Employer Self-employed Occupation
Dentist

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 80612.C10201

Amount of Each Receipt this Period

400.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
JOHN R. ROBERTS

Mailing Address 724 N. Grand Ave.

City State Zip Code
Connersville IN 47331

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

Name of Employer Self-employed Occupation
Dentist

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80519.C10181

Amount of Each Receipt this Period

200.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
TERRY G SCHECHNER

Mailing Address 809 Wall Street

City State Zip Code
Valparaiso IN 46385-8953

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

Name of Employer Self-employed Occupation
Dentist

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80519.C10176

Amount of Each Receipt this Period

200.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) GLEN TAIT		Date of Receipt
	Mailing Address 5 Tifton Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. C		Transaction ID: 80711.C10211
Name of Employer Battelle Ghersy Alliance		Occupation Government Relations	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 1887.78	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) J. VANDERSTOEP		Date of Receipt
	Mailing Address PO Box 867		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 18 / 2008
	City	State	Zip Code
	Chehalis	WA	98532
	FEC ID number of contributing federal political committee. C		Transaction ID: 80711.C10206
Name of Employer Washington2 Advocates, LLC		Occupation Partner	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 833.33	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) GREGORY J. WANG		Date of Receipt
	Mailing Address 5134 Worthington Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City	State	Zip Code
	Bethesda	MD	20816
	FEC ID number of contributing federal political committee. C		Transaction ID: 80711.C10213
Name of Employer Ferguson Co.		Occupation Partner	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MARA CATEY WILLIAMS

Mailing Address 3615 WEST 300 SOUTH

City State Zip Code
Marion IN 46953

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

Name of Employer Occupation
Self-employed Dentist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 80612.C10200

Amount of Each Receipt this Period

200.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
TONY WILLIAMS

Mailing Address 101 Constitution Ave., NW, Suite 5

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation
Washington2 Advocates, LLC Partner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 833.33

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 80711.C10205

Amount of Each Receipt this Period

500.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
DENNIS J. ZENT

Mailing Address 3030 North Bayview Rd

City State Zip Code
Angola IN 46703

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

Name of Employer Occupation
Self-employed Dentist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80519.C10178

Amount of Each Receipt this Period

200.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

11700.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MISSION CRITICAL EVENTS LLC

Transaction ID: 80711.E4206

Mailing Address PO Box 2046

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

City Boise State ID Zip Code 83701-

Amount of Each Disbursement this Period

4525.18

Purpose of Disbursement
Fundraising retainer & phone expens
Candidate Name

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

FUNDRAISING RETAINER & PH-
ONE EXPENS

B.

Full Name (Last, First, Middle Initial)
ADA COUNTY REPUBLICAN PARTY

Transaction ID: 80711.E4208

Mailing Address P. O. Box 1572

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

City Boise State ID Zip Code 83701-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Luncheon sponsorship
Candidate Name

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

LUNCHEON SPONSORSHIP

C.

Full Name (Last, First, Middle Initial)
ALL AMERICAN PUBLISHING

Transaction ID: 80711.E4207

Mailing Address 5421 Kendall Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

City Boise State ID Zip Code 83706-

Amount of Each Disbursement this Period

430.00

Purpose of Disbursement
Advertising
Candidate Name

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

ADVERTISING

SUBTOTAL of Disbursements This Page (optional)

5455.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: 80711.E4191 Date of Disbursement 05 / 28 / 2008
	Mailing Address P. O. BOX 78225	Amount of Each Disbursement this Period 36.66
	City Phoenix State AZ Zip Code 85062-8225	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TELEPHONE

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: 80711.E4192 Date of Disbursement 06 / 30 / 2008
	Mailing Address P. O. BOX 78225	Amount of Each Disbursement this Period 70.95
	City Phoenix State AZ Zip Code 85062-8225	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TELEPHONE

C.	Full Name (Last, First, Middle Initial) BANK OF COMMERCE	Transaction ID: 80711.E4180 Date of Disbursement 06 / 03 / 2008
	Mailing Address P. O. Box 1702	Amount of Each Disbursement this Period 85.00
	City Idaho Falls State ID Zip Code 83403-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANKCARD FEES

SUBTOTAL of Disbursements This Page (optional) ▶

192.61

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	Transaction ID: 80711.E4199 Date of Disbursement 05 / 28 / 2008
	Mailing Address 300 1st Street SE	Amount of Each Disbursement this Period 254.40
	City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering for fundraiser Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CATERING FOR FUNDRAISER

B.	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	Transaction ID: 80711.E4200 Date of Disbursement 06 / 12 / 2008
	Mailing Address 300 1st Street SE	Amount of Each Disbursement this Period 586.14
	City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering for fundraiser Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CATERING FOR FUNDRAISER

C.	Full Name (Last, First, Middle Initial) CORDEVALLE LODGING	Transaction ID: 80711.E4186 Date of Disbursement 05 / 29 / 2008
	Mailing Address	Amount of Each Disbursement this Period 7000.00
	City San Martin State CA Zip Code 95046-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Golf Fundraiser Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		GOLF FUNDRAISER

SUBTOTAL of Disbursements This Page (optional)	7840.54
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) EDGE WIRELESS	Transaction ID: 80711.E4190 Date of Disbursement 05 / 28 / 2008	
	Mailing Address PO Box 5207		
	City Portland State OR Zip Code 97208-5207	Amount of Each Disbursement this Period	48.58
	Purpose of Disbursement Cell phone	<input type="checkbox"/>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELL PHONE
	State: District:		
B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: 80711.E4222 Date of Disbursement 05 / 22 / 2008	
	Mailing Address 208 2nd St. SE		
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period	227.69
	Purpose of Disbursement Freight	<input type="checkbox"/>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FREIGHT
	State: District:		
C.	Full Name (Last, First, Middle Initial) GREATER POCATELLO CHAMBER	Transaction ID: 80711.E4201 Date of Disbursement 05 / 28 / 2008	
	Mailing Address PO Box 626		
	City Pocatello State ID Zip Code 83204-	Amount of Each Disbursement this Period	84.00
	Purpose of Disbursement Dues	<input type="checkbox"/>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DUES
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	360.27
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
IDAHO FALLS CHAMBER OF COMMERCE

Transaction ID: 80711.E4213

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

Mailing Address P. O. Box 50498

Amount of Each Disbursement this Period

75.00

City Idaho Falls State ID Zip Code 83405-

Purpose of Disbursement
Parade entry fee

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

PARADE ENTRY FEE

State: District:

B.

Full Name (Last, First, Middle Initial)
IDAHO FALLS CHAMBER OF COMMERCE

Transaction ID: 80711.E4212

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

Mailing Address P. O. Box 50498

Amount of Each Disbursement this Period

100.00

City Idaho Falls State ID Zip Code 83405-

Purpose of Disbursement
Deposit for parade candy

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

DEPOSIT FOR PARADE CANDY

State: District:

C.

Full Name (Last, First, Middle Initial)
JALAPENO OPEN

Transaction ID: 80711.E4209

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

Mailing Address PO Box 16262

Amount of Each Disbursement this Period

250.00

City Boise State ID Zip Code 83715-

Purpose of Disbursement
Sponsorship

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

SPONSORSHIP

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

425.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) LYNK SYSTEMS <hr/> Mailing Address 600 Morgan Falls Rd., Ste. 260 <hr/> City Atlanta State GA Zip Code 30350- <hr/> Purpose of Disbursement Bankcard fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80711.E4182 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 30.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	BANKCARD FEES

B. Full Name (Last, First, Middle Initial) LEE A. McCORMICK <hr/> Mailing Address 5213 Hadlock Ct. <hr/> City Boise State ID Zip Code 83703- <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80711.E4195 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 277.05
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SALARY

C. Full Name (Last, First, Middle Initial) LEE A. McCORMICK <hr/> Mailing Address 5213 Hadlock Ct. <hr/> City Boise State ID Zip Code 83703- <hr/> Purpose of Disbursement Office supplies reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80711.E4196 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 15.89
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	OFFICE SUPPLIES REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ▶

322.94

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
LEE A. McCORMICK

Transaction ID: 80711.E4197
Date of Disbursement

Mailing Address 5213 Hadlock Ct.

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

City Boise State ID Zip Code 83703-

Amount of Each Disbursement this Period

16.65

Purpose of Disbursement
Reimbursement for postage

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

REIMBURSEMENT FOR POSTAGE

State: District:

B.

Full Name (Last, First, Middle Initial)
LEE A. McCORMICK

Transaction ID: 80711.E4198
Date of Disbursement

Mailing Address 5213 Hadlock Ct.

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

City Boise State ID Zip Code 83703-

Amount of Each Disbursement this Period

471.76

Purpose of Disbursement
Reimbursement for campaign website

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

REIMBURSEMENT FOR CAMPAIGN
WEBSITE

State: District:

C.

Full Name (Last, First, Middle Initial)
U S POSTMASTER

Transaction ID: 80711.E4221
Date of Disbursement

Mailing Address

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

City Boise State ID Zip Code 83707-

Amount of Each Disbursement this Period

70.00

Purpose of Disbursement
Box Rental

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

BOX RENTAL

State: District:

SUBTOTAL of Disbursements This Page (optional)

558.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) QWEST	Transaction ID: 80711.E4193
	Mailing Address P. O. Box 5508	Date of Disbursement 05 / 28 / 2008
	City Bismarck State ND Zip Code 58506-	Amount of Each Disbursement this Period 167.18
	Purpose of Disbursement Phone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type PHONE

B.	Full Name (Last, First, Middle Initial) QWEST	Transaction ID: 80711.E4194
	Mailing Address P. O. Box 5508	Date of Disbursement 06 / 30 / 2008
	City Bismarck State ND Zip Code 58506-	Amount of Each Disbursement this Period 194.38
	Purpose of Disbursement Phone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type PHONE

C.	Full Name (Last, First, Middle Initial) CHALICE ROY	Transaction ID: 80711.E4202
	Mailing Address 7849 Middy Lane	Date of Disbursement 05 / 28 / 2008
	City Alexandria State VA Zip Code 22306-	Amount of Each Disbursement this Period 2198.95
	Purpose of Disbursement Fundraising retainer & expenses Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type FUNDRAISING RETAINER & EXPENSES

SUBTOTAL of Disbursements This Page (optional) ►

2560.51

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) CHALICE ROY Mailing Address 7849 Midday Lane City Alexandria State VA Zip Code 22306- Purpose of Disbursement Fundraising retainer & expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80711.E4203 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	6		3	0		2	0	0	8											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2383.29</td> </tr> </table>	2383.29																			
2383.29																					
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING RETAINER & EXPENSES																					

B. Full Name (Last, First, Middle Initial) TWIN FALLS CHAMBER OF COMMERCE Mailing Address 858 BLue Lakes Blvd. N. City Twin Falls State ID Zip Code 83301- Purpose of Disbursement Membership dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80711.E4211 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	6		1	8		2	0	0	8											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>112.50</td> </tr> </table>	112.50																			
112.50																					
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEMBERSHIP DUES																					

C. Full Name (Last, First, Middle Initial) VAN ORDEN, LUND & CANNON Mailing Address 1487 Parkway Drive City Blackfoot State ID Zip Code 83221- Purpose of Disbursement Accounting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80711.E4205 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	6		0	3		2	0	0	8											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2845.00</td> </tr> </table>	2845.00																			
2845.00																					
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING SERVICES																					

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td>5340.79</td> </tr> </table>	5340.79
5340.79		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) WATTS ADVISORS, INC. <hr/> Mailing Address 5216 Watersedge <hr/> City Boise State ID Zip Code 83714- <hr/> Purpose of Disbursement Campaign admin-phone-donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80711.E4204 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 720.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	CAMPAIGN ADMIN-PHONE-DONATION
	Category/Type
B. Full Name (Last, First, Middle Initial) WESTFIELDS GOLF CLUB <hr/> Mailing Address 13940 Balmorae Greens Ave. <hr/> City Clifton State VA Zip Code 20124- <hr/> Purpose of Disbursement Fees for fundraiser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80711.E4183 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 3928.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	FEES FOR FUNDRAISER
	Category/Type
C. Full Name (Last, First, Middle Initial) WESTMARK <hr/> Mailing Address P. O. Box 2869 <hr/> City Idaho Falls State ID Zip Code 83403- <hr/> Purpose of Disbursement See Below Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80711.E4188 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1561.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SEE BELOW
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

6209.84

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BOISE AT ITS BEST	Transaction ID: 80711.E4217
	Mailing Address	Date of Disbursement 06 / 03 / 2008
	City: Boise State ID: Zip Code: 83706-	Amount of Each Disbursement this Period 60.90
	Purpose of Disbursement: Flowers for gift	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: FLOWERS FOR GIFT
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	Transaction ID: 80711.E4218
	Mailing Address 300 1st Street SE	Date of Disbursement 06 / 03 / 2008
	City: Washington State ID: Zip Code: 20003-	Amount of Each Disbursement this Period 54.52
	Purpose of Disbursement: Catering for fundraiser	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: CATERING FOR FUNDRAISER
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) DELTA AIR	Transaction ID: 80711.E4220
	Mailing Address Harts Field, Atlanta National Airp	Date of Disbursement 06 / 03 / 2008
	City: Atlanta State ID: Zip Code: 30320-	Amount of Each Disbursement this Period 755.00
	Purpose of Disbursement: Campaign travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: CAMPAIGN TRAVEL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) U S POSTMASTER Mailing Address City Boise State ID Zip Code 83707- Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80711.E4219 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 67.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE
B. Full Name (Last, First, Middle Initial) UPS Mailing Address P. O. BOX 505820 City Las Vegas State NV Zip Code 88905-5820 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80711.E4215 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 54.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FREIGHT

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

29266.09

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
NRCC

Mailing Address 320 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Transfer of excess campaign funds

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Other

Transaction ID: 80711.E4184

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	8

Amount of Each Disbursement this Period

20000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

20000.00

TOTAL This Period (last page this line number only)

20000.00