

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name, Mailing Address and Zip Code JOAN D. CARLEY 1306 E. Crosscreek Lane Boise, ID 83706-6713 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Pri 2000	Name of Employer Old Boise Occupation Owner Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 11/23/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and Zip Code JOAN D. CARLEY 1306 E. Crosscreek Lane Boise, ID 83706-6713 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Pri 1998	Name of Employer Old Boise Occupation Owner Aggregate Year-to-Date -> \$600.00	Date (month, day, year) 11/23/1999	Amount of Each Receipt this Period \$100.00
C. Full Name, Mailing Address and Zip Code LARRY W. COPE 20290 Hwy. 30 Buhl, ID 83316- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Pri 2000	Name of Employer Clear Springs Foods, Inc. Occupation President - CEO Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/03/1999	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and Zip Code ELIZABETH CRINER 9480 Chadwick Drive Boise, ID 83704- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Pri 2000	Name of Employer U S West Occupation Manager, Public Affairs Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 08/23/1999	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and Zip Code JOHN C. DAY 4501 N. Keldoon Ave. Boise, ID 83702-1849 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Pri 2000	Name of Employer Self-employed Occupation Physician Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 09/10/1999	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and Zip Code DONNA E. EDWARDS 5700 Gleneagles Drive Idaho Falls, ID 83401- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Pri 2000	Name of Employer Self-employed Occupation Transportation Aggregate Year-to-Date -> \$100.00	Date (month, day, year) 11/15/1999	Amount of Each Receipt this Period \$100.00
G. Full Name, Mailing Address and Zip Code DONNA E. EDWARDS 5700 Gleneagles Drive Idaho Falls, ID 83401- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Pri 1998	Name of Employer Self-employed Occupation Transportation Aggregate Year-to-Date -> \$200.00	Date (month, day, year) 11/15/1999	Amount of Each Receipt this Period \$100.00

SUBTOTAL of Receipts This Page (optional)	\$1550.00
TOTAL This Period (last page this line number only)	