

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -9 A 9:46

1. NAME OF COMMITTEE (in full)

SIMPSON FOR CONGRESS

ADDRESS (number and street) Check if different than previously reported.
131 N. OAK

CITY, STATE and ZIP CODE **BLACKFOOT, ID 83221** STATE/DISTRICT **ID 2**

2. FEC IDENTIFICATION NUMBER
C00331397

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- 12 Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election on 11/07/2000 in the State of ID
- Termination Report

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

SUMMARY

5. Covering Period <u>10/19/2000</u> through <u>11/27/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$47,719.00	\$349,009.67
(b) Total Contribution Refunds (From Line 20(d))	\$500.00	\$500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$47,219.00	\$348,509.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$52,956.77	\$314,937.71
(b) Total Offsets to Operating Expenditures (from Line 14)	\$125.51	\$1,164.35
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$52,831.26	\$313,773.36
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$33,223.16	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G 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:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 *T. Layne Van Orden* Date **12-5-2000**

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

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

Name of Committee (in full) SIMPSON FOR CONGRESS	Report Covering the Period: From: 10/19/2000 To: 11/27/2000	
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)	\$7,900.00	
(ii) Unitemized	\$12,871.00	
(iii) Total of contributions from individual	\$20,771.00	\$138,717.20
(b) Political Party Committees	\$98.00	\$830.42
(c) Other Political Committees (such as PACs)	\$26,350.00	\$209,462.05
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	\$47,719.00	\$349,009.67
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$13,862.74
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 13(a) and (b))	\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$125.51	\$1,164.35
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$71.08
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$47,844.51	\$364,207.82
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$52,958.77	\$314,937.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$25,000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$47,872.14
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$47,872.14
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$500.00	\$500.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$500.00	\$500.00
21. OTHER DISBURSEMENTS	\$0.00	\$0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$53,458.77	\$388,309.85
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$38,835.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$47,844.51
25. SUBTOTAL (add Line 23 and Line 24)		\$86,679.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 18)		\$53,458.77
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$33,221.16

SCHEDULE A

ITEMIZED RECEIPTS

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)
SIMPSON FOR CONGRESS

A. Full Name, Mailing Address and Zip Code JOE F. ALLEN 2801 S. Vollmer Loop American Falls, ID 83211-	Name of Employer Retired Occupation Retired	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
B. Full Name, Mailing Address and Zip Code GLEN BLACK 1275 Shoreline Lane Boise, ID 83702-	Name of Employer AmeriTel Occupation Hotel owner	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 100.00		
C. Full Name, Mailing Address and Zip Code GLEN BLACK 1275 Shoreline Lane Boise, ID 83702-	Name of Employer AmeriTel Occupation Hotel owner	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 350.00		
D. Full Name, Mailing Address and Zip Code STEVEN M. BRUCE 7878 Datick Rd. Boise, ID 83704-	Name of Employer Baypoints Dental Center Occupation Dentist	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
E. Full Name, Mailing Address and Zip Code BEVERLY T. BURTONSHAW 1603 N. 1000 E. Montevideo, ID 83435-	Name of Employer Self-employed Occupation Homemaker	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 475.00		
F. Full Name, Mailing Address and Zip Code COEUR D'ALENE TRIBE P. O. Box 408 Blummer, ID 83851-0408	Name of Employer Tribal Nation Occupation Tribal Government	Date (month, day, year) 10/23/2000	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		
G. Full Name, Mailing Address and Zip Code JOHN C. DAY 4501 N. Kaldoon Ave. Boise, ID 83703-1849	Name of Employer Self-employed Occupation Physician	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		

SUBTOTAL of Receipts This Page (optional)	\$1,525.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
SIMPSON FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Name of Employer Requested	Date (month, day, year)	Amount of Each Receipt this Period
MAC EVANS P. O. Box 425 Twin Falls, ID 83305-		10/31/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Requested	Aggregate Year-to-Date ->	250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEE GAGNER 2555 Fieldstream Lane Idaho Falls, ID 83404-	Homestead Corps.	11/06/2000	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Real Estate/Const./Mgt.	Aggregate Year-to-Date ->	400.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. PETER GROOM 6281 Indian Tree Lane Pocatello, ID 83204-	Self-employed	11/27/2000	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Physician	Aggregate Year-to-Date ->	200.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL A. GUERRY P. O. Box 687 Castleford, ID 83321-	Self-employed	11/27/2000	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Rancher-Farmer	Aggregate Year-to-Date ->	200.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT W. HALLIDAY P. O. Box 8508 Boise, ID 83707-	Retired	11/27/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date ->	1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUGLAS A. HANCEY 378 Yale Ave. Rexburg, ID 83440-	Madison Ford	10/31/2000	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Car Dealer	Aggregate Year-to-Date ->	600.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. NICHOLAS IFFT 136 Stanford Pocatello, ID 83201-	Retired	10/25/2000	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date ->	700.00

SUBTOTAL of Receipts This Page (optional)	\$1,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 SIMPSON FOR CONGRESS

A. Full Name, Mailing Address and Zip Code MELVIN W. JACKSON 5111 Whitaker Rd. Pocatello, ID 83202- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired Date (month, day, year) 10/25/2000 Amount of Each Receipt this Period 50.00 Aggregate Year-to-Date -> 200.00
B. Full Name, Mailing Address and Zip Code J. LAMONT REEN 1692 E. Seaport Ct. Boise, ID 83706- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Idaho Power Company Occupation Executive Date (month, day, year) 11/06/2000 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date -> 250.00
C. Full Name, Mailing Address and Zip Code JOHN L. KEMMERER 10 Stewart Rd. Short Hills, NJ 07078- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Self-employed Date (month, day, year) 11/06/2000 Amount of Each Receipt this Period 200.00 Aggregate Year-to-Date -> 400.00
D. Full Name, Mailing Address and Zip Code H. E. KING Box 669 Burley, ID 83318- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired Date (month, day, year) 10/25/2000 Amount of Each Receipt this Period 200.00 Aggregate Year-to-Date -> 300.00
E. Full Name, Mailing Address and Zip Code RICHARD L. MERRILL P. O. Box 4065 Pocatello, ID 83201- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer J. K. Merrill & Sons Occupation President Date (month, day, year) 10/31/2000 Amount of Each Receipt this Period 200.00 Aggregate Year-to-Date -> 200.00
F. Full Name, Mailing Address and Zip Code B. CORRY McFARLAND 2034 Browns Point Blvd., NE Tacoma, WA 98422- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer L. D. McFarland Co. Occupation Executive Date (month, day, year) 10/23/2000 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date -> 250.00
G. Full Name, Mailing Address and Zip Code TOD O. NEUENSCHWANDER 530 Overhill Drive Edgewater, MD 21037-3836 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer McClure, Gerard & Neuenschwand Occupation Attorney Date (month, day, year) 10/24/2000 Amount of Each Receipt this Period 75.00 Room Fee for Reception Aggregate Year-to-Date -> 650.00 IN-KIND

SUBTOTAL of Receipts This Page (optional)	\$1,225.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

USE SEPARATE schedule(s) for each category of the Detailed Summary page

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

<p>A. Full Name, Mailing Address and Zip Code W. HUGH O'RIORDAN 1750 Shaw Mountain Rd. Boise, ID 83712-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Givens Pursley LLP</p> <p>Occupation Attorney/Consultant</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 11/06/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code J. B. PACKWOOD 3227 Agate CT. Boise, ID 83705-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Idaho Power</p> <p>Occupation Chief Operating Officer</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 11/06/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code DELLA E. PETERSON 775 CURTIS Blackfoot, ID 83221-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> 600.00</p>	<p>Date (month, day, year) 11/06/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and Zip Code VICKIE RAYBOULD 301 N. 1500 E. Saint Anthony, ID 83445-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-employed</p> <p>Occupation Farmer</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/31/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code EARL C. JR. REYNOLDS 2390 Gossamer Lane Boise, ID 83706-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 11/27/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and Zip Code MELVIN R. SMITH 3580 E. Chinden Blvd. Eagle, ID 83616-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Engine Parts Co.</p> <p>Occupation Auto Parts</p> <p>Aggregate Year-to-Date -> 400.00</p>	<p>Date (month, day, year) 11/06/2000</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>G. Full Name, Mailing Address and Zip Code ELMER E. SONIVILLE 1112 Harrison Blvd. Boise, ID 83702-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 10/31/2000</p>	<p>Amount of Each Receipt this Period 50.00</p>

SUBTOTAL of Receipts This Page (optional)

\$1,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

<p>A. Full Name, Mailing Address and Zip Code RALPH J. STEELE 531 S. 52nd E. Idaho Falls, ID 83401-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Bonneville County</p> <p>Occupation Commissioner</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 11/06/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>B. Full Name, Mailing Address and Zip Code JEFF STIEGLITZ P. O. Box 1546 Idaho Falls, ID 83403-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> 400.00</p>	<p>Date (month, day, year) 11/02/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code RAY K. TOMINAGA 1420 Wagonwheel Drive Blackfoot, ID 83221-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-employed</p> <p>Occupation Farmer</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 11/06/2000</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>D. Full Name, Mailing Address and Zip Code KENNETH TURLEY 840 KINSWOOD Idaho Falls, ID 83404-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Idaho Eye Center</p> <p>Occupation Ophthalmologist</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 11/02/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code JACK S. UGAKI 789 E. 65 S. Idaho Falls, ID 83404-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Ugaki & Assoc., Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 11/27/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and Zip Code PATTY WIERSMA 1776 E. 4500 N. Buhl, ID 83316-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Wiersma Dairy</p> <p>Occupation Dairyman</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/23/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code CHRISTIAN G. ZIMMERMAN 2375 N. Towerview Lane Boise, ID 83702-6518</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-employed</p> <p>Occupation Neurosurgeon</p> <p>Aggregate Year-to-Date -> 1,500.00</p>	<p>Date (month, day, year) 10/27/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)	\$2,100.00
TOTAL This Period (last page this line number only)	\$7,900.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

<p>A. Full Name, Mailing Address and Zip Code NATIONAL REPUB. CONGRESSIONAL COMM. 320 First St. S. E. Washington, DC 20003-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" 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) 10/24/2000</p> <p>Blast FAX</p> <p>330.42</p>	<p>Amount of Each Receipt this Period 98.00</p> <p>IN-KIND</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>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$98.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$98.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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)
SIMPSON FOR CONGRESS

A. Full Name, Mailing Address and Zip Code ACTION COMMITTEE FOR RURAL ELECTRIFICA. 4301 Wilson Boulevard Arlington, VA 22203-1860 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/31/2000	
Aggregate Year-to-Date ->		2,000.00	1,000.00
B. Full Name, Mailing Address and Zip Code OPHTRPAC 1101 VERMONT AVENUE, N.W., SUITE 700 Washington, DC 20005-3570 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/20/2000	
Aggregate Year-to-Date ->		1,000.00	1,000.00
C. Full Name, Mailing Address and Zip Code AMERICAN BANKERS ASSOC 1120 Connecticut Ave., N.W. Washington, DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/06/2000	
Aggregate Year-to-Date ->		2,500.00	1,000.00
D. Full Name, Mailing Address and Zip Code ACEC/PAC 1015 Fifteenth Street NW, Suite 802 Washington, DC 20005-2605 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/25/2000	
Aggregate Year-to-Date ->		500.00	500.00
E. Full Name, Mailing Address and Zip Code ANHEUSER-BUSCH PAC 1350 K Street, N.W. Washington, DC 20006- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/31/2000	
Aggregate Year-to-Date ->		500.00	500.00
F. Full Name, Mailing Address and Zip Code AIRCRAFT OWNERS & PILOTS ASSOC. PAC 421 Aviation Way Frederick, MD 21701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/30/2000	
Aggregate Year-to-Date ->		5,000.00	2,500.00
G. Full Name, Mailing Address and Zip Code AVISTA EMPLOYEES-EFFECTIVE GOV. PAC P. O. Box 3727 Spokane, WA 99220- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/27/2000	
Aggregate Year-to-Date ->		250.00	250.00

SUBTOTAL of Receipts This Page (optional)	\$6,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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)
SIMPSON FOR CONGRESS

A. Full Name, Mailing Address and Zip Code BASIC AMERICAN FOODS PAC P O BOX 592 Blackfoot, ID 83221-	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 10/19/2000 1,000.00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code BEEF-PAC 5501 I-40 West Amarillo, TX 79106-	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 11/06/2000 500.00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code BP AMOCO PAC 28301 Ferry Rd. Mail Code 2W Warrenville, IL 60555-	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 11/02/2000 500.00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code BUILD PAC - NATIONAL HOME BUILDERS ASSOC 1201 15th Street N.W. Washington, DC 20005-2800	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 10/20/2000 2,500.00	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code CH2M HILL COMPANIES, LTD. 6060 S. Willow Drive Englewood, CO 80111-	Name of Employer Occupation Engineer Aggregate Year-to-Date ->	Date (month, day, year) 11/27/2000 500.00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code COALPAC 1130 17th Street NW Washington, DC 20036-	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 11/27/2000 500.00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code FPL PAC 801 Pennsylvania Avenue, N.W., Suite 220 Washington, DC 20004-2604	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 10/25/2000 500.00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	\$6,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11(c)

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)
SIMPSON FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GTS GOOD GOVERNMENT CLUB 17933 N. W. Evergreen Pkwy. P. O. Box 1100 Beaverton, OR 97075-		10/23/2000	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	4,000.00	
B. Full Name, Mailing Address and Zip Code IDA-PAC COMMITTEE P. O. Box 70 Boise, ID 83707-		11/06/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	2,500.00	
C. Full Name, Mailing Address and Zip Code IDABANKPAC P. O. Box 638 Boise, ID 83701-		11/07/2000	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	350.00	
D. Full Name, Mailing Address and Zip Code IDAH0 LAND TITLE ASSOCIATION PAC P. O. Box 833 Boise, ID 83701-		11/06/2000	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	200.00	
E. Full Name, Mailing Address and Zip Code KRAFT FOODS INC. PAC Three Lakes Drive Winnetka, IL 60093-2753		10/25/2000	3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	3,500.00	
F. Full Name, Mailing Address and Zip Code MINEPAC, PAC OF NATIONAL MINING ASSOC. 1130 - 17th Street NW Washington, DC 20036-		11/27/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code NAIFAPAC 2901 Telescar Court Falls Church, VA 22042-		11/07/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$7,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

<p>A. Full Name, Mailing Address and Zip Code RAIN AND HAIL INSURANCE SOCIETY 1501 50th Street, Suite 200 West Des Moines, IA 50266-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/07/2000 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code SOUTHWEST AIRLINES CO. FREEDOM FUND P. O. Box 36611 Dallas, TX 75235-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/06/2000 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code THOMPSON CREEK METALS CO. PAC 945 W. Kenyon Englewood, CO 80111-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/26/2000 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code U. S. BANCORP POLITICAL PARTICIPATION PR 601 Second Avenue South Minneapolis, MN 55402-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/06/2000 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code WASHINGTON GROUP INTERNATIONAL PAC 1900 M. Street, NW, Fifth Floor Washington, DC 20036-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/27/2000 2,500.00</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>F. Full Name, Mailing Address and Zip Code WASHINGTON MUTUAL PAC 1201 Third Ave. Seattle, WA 98101-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/20/2000 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code WELLS FARGO EMPLOYEE PAC Norwest Center Sixth & Marquette Minneapolis, MN 55479-1032</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/27/2000 100.00</p>	<p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (optional)

\$6,350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name, Mailing Address and Zip Code WILLIAMS COMPANIES PAC P.O. Box 2400 Tulsa, OK 74102-	Name of Employer	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <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	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 ->		
F. 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 ->		
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)	\$500.00
TOTAL This Period (last page this line number only)	\$26,850.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
SIMPSON FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BTH STREET MARKETPLACE P. O. Box 7248 Boise, ID 83707-	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	500.00
AT&T P. O. BOX 78225 Phoenix, AZ 85062-8225	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	191.96
AT&T P. O. BOX 78225 Phoenix, AZ 85062-8225	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/2000	247.77
JAN BAIN 3001 Park Center Dr., Suite 1105 Alexandria, VA 22302-	Commission Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/2000	1,000.00
BALLOON AFFAIR 404 South 8th Street, Ste. 152 Boise, ID 83702-	Decorations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/2000	26.25
SARAH A. BONZER 2286 South Dorothy Ave. Boise, ID 83706-	Office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	23.49
SARAH A. BONZER 2286 South Dorothy Ave. Boise, ID 83706-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	681.21

SUBTOTAL of Disbursements This Page (optional)	\$2,670.68
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
SIMPSON FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SARAH A. BONZER 2286 South Dorothy Ave. Boise, ID 83706-	Bonus Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	461.75
SARAH A. BONZER 2286 South Dorothy Ave. Boise, ID 83706-	Reimburse mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	148.50
SARAH A. BONZER 2286 South Dorothy Ave. Boise, ID 83706-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	510.37
SARAH A. BONZER 2286 South Dorothy Ave. Boise, ID 83706-	Reimburse expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/2000	91.75
HILARY BROWN P.O. BOX 1541 Boise, ID 83701-	Reimburse expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	254.44
HILARY BROWN P.O. BOX 1541 Boise, ID 83701-	Bonus Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	461.75
HILARY BROWN P.O. BOX 1541 Boise, ID 83701-	Reimburse mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	289.85

SUBTOTAL of Disbursements This Page (optional)	\$2,218.41
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category on this Detailed Summary Page

PAGE 3 OF 11
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
SIMPSON FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HILARY BROWN P.O. BOX 1541 Boise, ID 83701-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	581.21
HILARY BROWN P.O. BOX 1541 Boise, ID 83701-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	510.37
HILARY BROWN P.O. BOX 1541 Boise, ID 83701-	Reimbursement for expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/2000	458.83
CAPITAL CITY JAZZ BAND c/o Bill Mitchell 3835 Mountain View dr. Boise, ID 83706-	Entertainment for Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	850.00
CAPITOL HILL CLUB 300 1st Street SE Washington, DC 20003-	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	164.64
CITIBANK GOVERNMENT CARD SERVICES P.O. BOX 6575 Las Vegas, NV 89901-6575	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/2000	1,516.24
COMPUTER SPECIALISTS 468 North 850 West Blackfoot, ID 83221-	Updating software Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	245.00

SUBTOTAL of Disbursements This Page (optional)

\$4,426.29

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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 persons.

NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ELGIN SYFERD - DRAKE COMMUNICATIONS P.O. BOX 8283 Boise, ID 83707-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	6,948.95
Full Name, Mailing Address and Zip Code ESP PRINTING & MAIL P O BOX 3415 Boise, ID 83703-	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 1,508.85
Full Name, Mailing Address and Zip Code JOHN GRIFFITH 3360 Handley Idaho Falls, ID 83404-	Purpose of Disbursement Printings Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address and Zip Code JACK S. HOFFMAN P. O. Box 1497 Sun Valley, ID 83353-	Purpose of Disbursement Golf Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 952.80
Full Name, Mailing Address and Zip Code IDAHO DEPT. OF LABOR 317 W. Main St. Boise, ID 83735-0610	Purpose of Disbursement SUTA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 637.00
Full Name, Mailing Address and Zip Code IDAHO SPORTING GOODS P. O. Box 169 Boise, ID 83701-	Purpose of Disbursement Trophies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 52.97
Full Name, Mailing Address and Zip Code KEVIN ROBERTS PHOTOGRAPHY 4928 S. Rawhide Ave. Boise, ID 83709-	Purpose of Disbursement Photography for Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 535.50

SUBTOTAL of Disbursements This Page (optional)

511,136.07

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KEVIN ROBERTS PHOTOGRAPHY 4928 S. Rawhide Ave. Boise, ID 83709-	Photography Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/2000	52.50
JOHN KOSTER 1420 Hewitt Ave. Everett, WA 98201-	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/2000	1,000.00
KOVO'S 9314 W. Overland/BlackEagle Center Boise, ID 83709-	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	459.50
LA COLLINE RESTAURANT 400 North Capitol Street, N. W., Ste 175 Washington, DC 20001-	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	234.00
LYNK SYSTEMS 600 Morgan Falls Rd., Ste. 260 Atlanta, GA 30350-	Bankcard Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	88.23
LYNK SYSTEMS 600 Morgan Falls Rd., Ste. 260 Atlanta, GA 30350-	Bankcard Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	48.80
MOORE INFORMATION 10200 S. W. EASTRIDGE ST., STE. 210 Portland, OR 97225-	Political Survey Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	5,250.00

SUBTOTAL of Disbursements This Page (optional)	\$7,133.03
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
SIMPSON FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MYERS-FRANK PRINTERS 174 EAST CENTER STREET Shelley, ID 83274-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/2000	1,250.00
NATIONAL REPUB. CONGRESSIONAL COMM. 320 First St. S. E. Washington, DC 20003-	Blast Fax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/2000	98.00 IN KIND
TOD O. NEUENSCHWANDER 530 Overhill Drive Edgewater, MD 21037-3836	Room Fee for Reception Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/2000	75.00 IN KIND
NEXTCARD PAYMENT SERVICES P.O. BOX 52230 Phoenix, AZ 85072-2230	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	871.59
CHEVRON Boise, ID 83702-	Auto expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	25.97 MEMO
NEXTCARD PAYMENT SERVICES P.O. BOX 52230 Phoenix, AZ 85072-2230	Bank charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	2.50 MEMO
POSTMASTER Boise, ID 83701-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	695.89 MEMO

SUBTOTAL of Disbursements This Page (optional)	\$2,294.59
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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NAME OF COMMITTEE (In Full) SIMPSON FOR CONGRESS			
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NRCC 320 First Street, S.E. Washington, DC 20003-	Videotaping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/27/2000	100.46
JOSEPH PEARSON 1935 Vista Ave. Boise, ID 83705-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/02/2000	860.66
JOSEPH PEARSON 1935 Vista Ave. Boise, ID 83705-	BONUS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/02/2000	461.75
JOSEPH PEARSON 1935 Vista Ave. Boise, ID 83705-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/16/2000	860.66
PITNEY BOWES P. O. BOX 41067 Norfolk, VA 23541-1057	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/27/2000	800.00
POSTMASTER Boise, ID 83701-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/19/2000	4.63
REHBERG FOR CONGRESS 4401 Highway 3 Billings, MT 59106-	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/26/2000	1,000.00

SUBTOTAL of Disbursements This Page (optional)	54,088.16
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KATHY SIMPSON 786 HOFF DRIVE Blackfoot, ID 83221-	Reimbursement for postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	40.13
KATHY SIMPSON 786 HOFF DRIVE Blackfoot, ID 83221-	Reimbursement for rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	111.01
SMITH FOR CONGRESS 180 SOUTH 300 WEST Salt Lake City, UT 84101-	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/2000	1,000.00
STATS TAX COMMISSION P. O. BOX 76 Boise, ID 83707-0076	BWT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	550.00
TABLE ROCK 705 Fulton Boise, ID 83702-	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/2000	301.88
TATES REMTS P. O. Box 7330 Boise, ID 83707-	Table rentals Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	879.43
U S WEST 1005 17TH ST., ROOM 350 Broomfield, CO 80020-	Phone lines Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	207.80

SUBTOTAL of Disbursements This Page (optional)	\$3,089.25
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 SIMPSON FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VAN ORDEN, LUND & CANNON 131 N. Oak Blackfoot, ID 83221-	Professional Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/02/2000	1,020.00
VERIZON WIRELESS P. O. Box 96081 Bellevue, WA 98009-9681	Cell phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/02/2000	82.57
VERIZON WIRELESS P. O. Box 96081 Bellevue, WA 98009-9681	Cell phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/27/2000	150.33
VILLANO'S 712 W. Idaho Street Boise, ID 83702-	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/02/2000	2,500.00
VOICESTREAM P. O. Box 78922 Phoenix, AZ 85062-0922	Cell Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/27/2000	380.37
NICOLE WALLACE 5100 Gleneagles Drive Idaho Falls, ID 83401-	Reimburse office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/25/2000	136.98
NICOLE WALLACE 5100 Gleneagles Drive Idaho Falls, ID 83401-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/02/2000	1,390.75

SUBTOTAL of Disbursements This Page (optional)	\$5,651.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page	PAGE	OF
	10	11
FOR LINE NUMBER		
17		

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NICOLE WALLACE 5100 Gleneagles Drive Idaho Falls, ID 83401-	Reimburse expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	165.72
NICOLE WALLACE 5100 Gleneagles Drive Idaho Falls, ID 83401-	Win Bonus Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	3,694.00
NICOLE WALLACE 5100 Gleneagles Drive Idaho Falls, ID 83401-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	1,083.76
NICOLE WALLACE 5100 Gleneagles Drive Idaho Falls, ID 83401-	Reimburse expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/2000	674.92
WESTMARK P. O. BOX 2869 Idaho Falls, ID 83403-	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	1,221.14
CHEVRON Boise, ID 83702-	Auto expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	191.03 MEMO
DELTA AIR Harts Field, Atlanta National Airport Atlanta, GA 30320-	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	678.50 MEMO

SUBTOTAL of Disbursements This Page (optional)	\$6,839.54
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

PAGE 11 OF 11
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HOLIDAY INNS Saint Louis, MO 63166-	Lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	149.38 MEMO
WESTMARK P. O. BOX 2869 Idaho Falls, ID 83403-	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	6.51 MEMO
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$0.00
TOTAL This Period (last page this line number only)	\$49,557.02

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 SIMPSON FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOAN D. CARLEY 1306 E. Crosscreek Lane Boise, ID 83706-6713	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Gen 2000	10/19/2000	500.00
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	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

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>12/6/00</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>ABM</i> PREPARER	<i>12/9/00</i> DATE PREPARED