

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
SIMPSON FOR CONGRESS

ADDRESS (number and street) 1487 Parkway Drive
 Check if different than previously reported. (ACC)
Blackfoot ID 83221 1667

2. **FEC IDENTIFICATION NUMBER** C00331397
CITY **STATE** **ZIP CODE**
STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A)
ID 02

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 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 11 02 2010 in the State of ID

5. Covering Period 10 14 2010 through 11 22 2010

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 12 02 2010

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

FEC Form 3 (Revised 02/2003)

2 / 32

Write or Type Committee Name

SIMPSON FOR CONGRESS

Report Covering the Period: From: MM 10 DD 14 YYYY 2010 To: MM 11 DD 22 YYYY 2010

	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)).....	33296.00	792031.35
(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)).....	33296.00	792031.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	36332.14	559110.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	42.91	42.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	36289.23	559067.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	130193.65	
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

POST-ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

SIMPSON FOR CONGRESS

Report Covering the Period: From: To:

I. RECEIPTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> <input type="text" value="02"/> <input type="text" value="2010"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> <input type="text" value="03"/> <input type="text" value="2010"/> (date after general election) through <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2010"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other than Political Committees			
(i) Itemized (Use Schedule A)	11500.00	218014.47	0.00
(ii) Unitemized	2796.00	49442.69	0.00
(iii) Total of contributions from individuals	14296.00	267457.16	0.00
(b) Political Party Committees	0.00	0.00	0.00
(c) Other Political Committees	19000.00	524574.19	0.00

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
33296.00	792031.35	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
42.91	42.91	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
33338.91	792074.26	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Write or Type Committe Name

SIMPSON FOR CONGRESS

Report the covering period

From:

10

14

2010

To:

11

22

2010

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
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17. OPERATING EXPENDITURES

36332.14

559110.80

17529.18

18. TRANSFER TO OTHER AUTHORIZED COMMITTEES

0.00

225000.00

0.00

19. LOAN PAYMENTS

(a) Of Loans Made or Guaranteed by the Candidate

0.00

0.00

0.00

(b) Of All Other Loans

0.00

0.00

0.00

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))

0.00

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

0.00

0.00

0.00

(b) Political Party Committees

0.00

0.00

0.00

**POST ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
(c) Other political committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))		
0.00	0.00	0.00
21. OTHER DISBURSEMENTS		
2600.00	8200.00	0.00
22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)		
38932.14	792310.80	17529.18

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

33296.00	792031.35	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

36289.23	559067.89	17529.18
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	135786.88
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	33338.91
25. SUBTOTAL(add Line 23 and Line 24)	169125.79
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	38932.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	130193.65

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 32
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ADVANTAGE PROFESSIONAL MANAGEMENT LLC

Mailing Address 442 SW Umatilla Avenue
Suite 200

City State Zip Code
Redmond OR 97756-7039

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: A-C30886

Amount of Each Receipt this Period
1000.00

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

B. Full Name (Last, First, Middle Initial)
R MIKE SHIRTCLIFF

Mailing Address 6860 Thunderbird Court

City State Zip Code
Redmond OR 97756-9290

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-employed Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: A-PI3

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Partnership Itemization Memo

C. Full Name (Last, First, Middle Initial)
KYLE HOUSE

Mailing Address 442 SW Umatilla Avenue
Suite 200

City State Zip Code
Redmond OR 97756-7039

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ADVANTAGE PROFESSIONAL MA-NAG CHAIR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: A-PI4

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Partnership Itemization Memo

SUBTOTAL of Receipts This Page (optional) 1000.00

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 8 / 32
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) PHILLIP S BAKER</p> <p>Mailing Address 6500 N Mineral Drive Suite 200</p> <p>City State Zip Code Coeur D Alene ID 83815-9408</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation HECLA Mining Co. CEO/President</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0</p> <p>Transaction ID: A-C30931</p> <p>Amount of Each Receipt this Period 250.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) PHILLIP S BAKER</p> <p>Mailing Address 6500 N Mineral Drive Suite 200</p> <p>City State Zip Code Coeur D Alene ID 83815-9408</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation HECLA Mining Co. CEO/President</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0</p> <p>Transaction ID: A-C30937</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>C. Full Name (Last, First, Middle Initial) HOLLIS BROOKOVER</p> <p>Mailing Address 649 N Morningside Way</p> <p>City State Zip Code Boise ID 83712-7578</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Morningside LLC President</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0</p> <p>Transaction ID: A-C30902</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	600.00
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 9 / 32
	<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) KENNETH R BURGESS	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 7200 McMullen Street	Transaction ID: A-C30932
	City State Zip Code Boise ID 83709-1856	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Veritas Advisors Occupation Partner Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) COEUR D'ALENE TRIBE	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address PO Box 408	Transaction ID: A-C30843
	City State Zip Code Plummer ID 83851-0408	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Native American Nation Occupation Native American Nation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00	

C.	Full Name (Last, First, Middle Initial) CAROLYN FULLER	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 1420 NY Avenue NW	Transaction ID: A-C30929
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Van Scoyoc Associates Occupation Government Affairs Rep. Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	3500.00
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 10 / 32
(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)
JERALD J JAEGER

Mailing Address PO Box 6200

City State Zip Code
Coeur D Alene ID 83816-1937

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

Name of Employer Occupation
Coeur D'Alene Resort Co-Owner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: A-C30871

Amount of Each Receipt this Period
250.00

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
AUBREY C KING

Mailing Address 11914 Grason Lane

City State Zip Code
Bowie MD 20715-4012

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

Name of Employer Occupation
Aubrey C King & Associates Government Affairs

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: A-C30930

Amount of Each Receipt this Period
250.00

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
MAURICE J MARCHAND-TONEL

Mailing Address 4505 S Ocean Boulevard
Apt. 1005

City State Zip Code
Highland Beach FL 33487-4228

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: A-C30761

Amount of Each Receipt this Period
2400.00

Amount of Each Receipt this Period
2400.00

SUBTOTAL of Receipts This Page (optional) ► **2900.00**

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 11 / 32
	<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) JOHN M SOUTHWORTH	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 224 W Arrowrock Lane	Transaction ID: A-C30851
	City State Zip Code Boise ID 83706-4803	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Southworth Associates, Llc Consultant	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) MICHELLE STOTT	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 3684 S Caleb Place	Transaction ID: A-C30958
	City State Zip Code Meridian ID 83642-7068	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Agribeef Officer	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2900.00	

C.	Full Name (Last, First, Middle Initial) RICK R STOTT	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 3684 S Caleb Place	Transaction ID: A-C30957
	City State Zip Code Meridian ID 83642-7068	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Agri Beef Co. Officer	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2900.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
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 12 / 32
(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)
J KIRK SULLIVAN

Mailing Address 5206 W Sorrento Circle

City State Zip Code
Boise ID 83704-2347

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: A-C30870

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
TUNICA-BILOXI TRIBE OF LA

Mailing Address PO Box 1589

City State Zip Code
Marksville LA 71351-1589

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

Name of Employer Native American Nation Occupation Native American Nation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: A-C30976

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	11500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 32
(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 OF DERMATOLOGY ASSOC

Mailing Address 1350 I Street NW
Suite 870

City Washington State DC Zip Code 20005-3387

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: A-C30850
 Amount of Each Receipt this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL HYGIENIST'S ASSOC. PAC

Mailing Address 444 N Michigan Avenue
Suite 3400

City Chicago State IL Zip Code 60611-3980

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 10 / 19 / 2010
Transaction ID: A-C30763
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 1 Amgen Center Drive

City Thousand Oaks State CA Zip Code 91320-1730

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 11 / 01 / 2010
Transaction ID: A-C30901
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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 / 32
(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)
AT&T INC FEDERAL PAC

Mailing Address 175 E Houston Street
Room 7

City San Antonio State TX Zip Code 78205-2255

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 1 0

Transaction ID: A-C30764

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
AVISTA EMPLOYEES-EFFECTIVE GOV. PAC

Mailing Address PO Box 3727

City Spokane State WA Zip Code 99220-3727

FEC ID number of contributing federal political committee. **C** C00041038

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4250.00

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

Transaction ID: A-C30845

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
BASIC AMERICAN FOODS PAC

Mailing Address 415 W Collins Road

City Blackfoot State ID Zip Code 83221-5642

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 1 0

Transaction ID: A-C30762

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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 15 / 32
(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)
FRIENDS OF JIM SAXTON

Mailing Address PO Box 795

City State Zip Code
Mount Holly NJ 08060-0795

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: A-C30848

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM SAXTON

Mailing Address PO Box 795

City State Zip Code
Mount Holly NJ 08060-0795

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: A-C30849

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
FROZEN FOOD PAC

Mailing Address 2000 Corporate Ridge
Suite 1000

City State Zip Code
Mc Lean VA 22102-7862

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: A-C30854

Amount of Each Receipt this Period
1000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 32
(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)
HECLA MINING CO. POLITICAL ACTION
Mailing Address 6500 N Mineral Drive
City State Zip Code
Coeur D Alene ID 83815-9861
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
4000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0
Transaction ID: A-C30844
Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL BOTTLED WATER ASSOC PAC
Mailing Address 1700 Diagonal Road
Suite 650
City State Zip Code
Alexandria VA 22314-2864
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0
Transaction ID: A-C30857
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LAND O'LAKES PAC
Mailing Address PO Box 64101
City State Zip Code
Saint Paul MN 55164-0101
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0
Transaction ID: A-C30847
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3500.00
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 17 / 32
(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)
MILLER COORS LLC PAC

Mailing Address 1501 M Street NW
330

City State Zip Code
Washington DC 20005-1700

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: A-C30853

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL CATTLEMEN'S BEEF ASSOC. PAC

Mailing Address 9110 E Nichols Avenue

City State Zip Code
Centennial CO 80112-3450

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: A-C30887

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PETROLEUM MARKETERS ASSOC. OF AMERICA

Mailing Address SMALL BUSINESS COMMITTEE
1901 N. Fort Myer Drive, Suite 120

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: A-C30934

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ► **19000.00**

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)

PAGE 18 / 32

<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) ARISTOTLE <hr/> Mailing Address 205 Pennsylvania Avenue SE <hr/> City Washington State DC Zip Code 20003-1164 <hr/> Purpose of Disbursement Website hosting 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: B-E-30906 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2400.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO Box 78225 <hr/> City Phoenix State AZ Zip Code 85062-8225 <hr/> Purpose of Disbursement Telephone 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: B-E-30909 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 68.76
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BINGHAM COUNTY REPUBLICAN CENTRAL COMMITTEE. <hr/> Mailing Address 8 S 645 W <hr/> City Blackfoot State ID Zip Code 83221-6113 <hr/> Purpose of Disbursement Contribution 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: B-E-30921 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2768.76

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 19 / 32

<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

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement
Event catering
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: B-E-30907
Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

78.24

B.

Full Name (Last, First, Middle Initial)
CAROL KAAE

Mailing Address 1105 W. Springgold Drive

City Boise State ID Zip Code 83709

Purpose of Disbursement
Salary
Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: B-E-30918
Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

363.63

C.

Full Name (Last, First, Middle Initial)
CAROL KAAE

Mailing Address 1105 W. Springgold Drive

City Boise State ID Zip Code 83709

Purpose of Disbursement
See below
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: B-E-30925
Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

88.00

Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional) ▶

529.87

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) CAROL KAAE	Transaction ID: B-E-30947 Date of Disbursement																			
	Mailing Address 1105 W. Springgold Drive	<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>1</td><td>1</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	2	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	2	2	/	2	0	1	0												
	City Boise State ID Zip Code 83709	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Salary Candidate Name	<table border="1"><tr><td>207.79</td></tr></table>	207.79																		
207.79																					
	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) ▼																			
		003 Category/Type																			

B.	Full Name (Last, First, Middle Initial) CAROL KAAE	Transaction ID: B-E-30948 Date of Disbursement																			
	Mailing Address 1105 W. Springgold Drive	<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>1</td><td>1</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	2	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	2	2	/	2	0	1	0												
	City Boise State ID Zip Code 83709	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Parking Candidate Name	<table border="1"><tr><td>19.00</td></tr></table>	19.00																		
19.00																					
	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) ▼																			
		003 Category/Type																			

C.	Full Name (Last, First, Middle Initial) CHALICE ROY	Transaction ID: B-E-30914 Date of Disbursement																			
	Mailing Address 7849 Middy Lane	<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>1</td><td>0</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	1	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	1	/	2	0	1	0												
	City Alexandria State VA Zip Code 22306-2723	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraising retainer & faxes Candidate Name	<table border="1"><tr><td>2522.36</td></tr></table>	2522.36																		
2522.36																					
	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) ▼																			
		003 Category/Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2749.15</td></tr></table>	2749.15
2749.15		
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)
CITY OF BOISE UTILITY BILLING

Mailing Address PO Box 500

City Boise State ID Zip Code 83701-0500

Purpose of Disbursement
LID Assessment

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: B-E-30926

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

123.04

B.

Full Name (Last, First, Middle Initial)
COEUR D'ALENE RESORT

Mailing Address PO Box 7200

City Coeur D Alene State ID Zip Code 83816-1941

Purpose of Disbursement
Event Catering

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: B-E-30941

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

613.81

C.

Full Name (Last, First, Middle Initial)
COEUR D'ALENE RESORT

Mailing Address PO Box 7200

City Coeur D Alene State ID Zip Code 83816-1941

Purpose of Disbursement
Event catering

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: B-S-5041

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

346.92

[MEMO ITEM]

Subitemization of WESTMARK CREDIT UNION(11/09/10)

SUBTOTAL of Disbursements This Page (optional) ▶

736.85

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. COMPLETE CAMPAIGNS	Full Name (Last, First, Middle Initial)	Transaction ID: B-E-30852																					
	COMPLET	Date of Disbursement																					
Mailing Address	3635 Ruffin Road Floor 3	<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>1</td><td>0</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	5	/	2	0	1	0														
City	San Diego	State	CA																				
Zip Code	92123-1880	Amount of Each Disbursement this Period																					
Purpose of Disbursement	Credit card fees	<table border="1"> <tr> <td>120.00</td> </tr> </table>		120.00																			
120.00																							
Candidate Name		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:																					
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

B. COMPLETE CAMPAIGNS	Full Name (Last, First, Middle Initial)	Transaction ID: B-E-30903																					
	COMPLET	Date of Disbursement																					
Mailing Address	3635 Ruffin Road Floor 3	<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>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	1	/	2	0	1	0														
City	San Diego	State	CA																				
Zip Code	92123-1880	Amount of Each Disbursement this Period																					
Purpose of Disbursement	Credit Card Fees	<table border="1"> <tr> <td>12.50</td> </tr> </table>		12.50																			
12.50																							
Candidate Name		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:																					
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

C. CRANE CREEK COUNTRY CLUB	Full Name (Last, First, Middle Initial)	Transaction ID: B-S-5042																					
	CRANE CREEK COUNTRY CLUB	Date of Disbursement																					
Mailing Address	500 W Curling Drive	<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>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	9	/	2	0	1	0														
City	Boise	State	ID																				
Zip Code	83702-1638	Amount of Each Disbursement this Period																					
Purpose of Disbursement	Event green fees	<table border="1"> <tr> <td>4378.00</td> </tr> </table>		4378.00																			
4378.00																							
Candidate Name		<table border="1"> <tr> <td></td> </tr> </table>																					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:																					
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

[MEMO ITEM]
Subitemization of WESTMARK CREDIT UNION(11/09/10)

SUBTOTAL of Disbursements This Page (optional) ▶

132.50

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) FEDEX OFFICE <hr/> Mailing Address 271 N Milwaukee Street <hr/> City Boise State ID Zip Code 83704-9132 <hr/> Purpose of Disbursement Freight Candidate Name <hr/> 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: B-S-5043 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0	Amount of Each Disbursement this Period 201.36
B.	Full Name (Last, First, Middle Initial) HOFF BUILDING <hr/> Mailing Address PO Box 108 <hr/> City Boise State ID Zip Code 83701-0108 <hr/> Purpose of Disbursement Rent Candidate Name <hr/> 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: B-E-30927 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 630.00
C.	Full Name (Last, First, Middle Initial) IDAHO DEPT OF COMMERCE & LABOR <hr/> Mailing Address 317 W Main Street <hr/> City Boise State ID Zip Code 83735-0001 <hr/> Purpose of Disbursement SUTA Candidate Name <hr/> 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: B-E-30919 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period 15.46

[MEMO ITEM]
Subitemization of WESTMARK CREDIT UNION(11/09/10)

SUBTOTAL of Disbursements This Page (optional) ▶

645.46

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) NPC MERCHANT PAYMENT Mailing Address 5100 Interchange Way City Louisville State KY Zip Code 40229 Purpose of Disbursement Credit Card Fees 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: B-E-30955 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 119.95
B.	Full Name (Last, First, Middle Initial) NRECO Mailing Address PO Box 758777 City Baltimore State MD Zip Code 21275-8777 Purpose of Disbursement Event Room Rental 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: B-E-30905 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 257.58
C.	Full Name (Last, First, Middle Initial) QWEST Mailing Address P. O. Box 5508 City Bismarck State ND Zip Code 58506 Purpose of Disbursement Telephone 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: B-E-30908 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period 185.56

SUBTOTAL of Disbursements This Page (optional) ▶

563.09

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)
STATE TAX COMMISSION

Transaction ID: B-E-30920
Date of Disbursement

Mailing Address PO Box 76

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

City Boise State ID Zip Code 83707-0076

Amount of Each Disbursement this Period

22.00

Purpose of Disbursement
SWT

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

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

Transaction ID: B-S-5033
Date of Disbursement

Mailing Address

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

City Boise State ID Zip Code 83701

Amount of Each Disbursement this Period

88.00

Purpose of Disbursement
Postage

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]

Subitemization of CAROL KAAE(11/02/10)

C.

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

Transaction ID: B-E-30944
Date of Disbursement

Mailing Address

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

City Boise State ID Zip Code 83701

Amount of Each Disbursement this Period

44.00

Purpose of Disbursement
Postage

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

66.00

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)
U S POSTMASTER

Mailing Address

City State Zip Code
Boise ID 83701

Purpose of Disbursement
Postage

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-5045
Date of Disbursement

^M 1	^M 1	/	^D 0	^D 9	/	^Y 2	^Y 0	^Y 1	^Y 0
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Amount of Each Disbursement this Period

227.82

[MEMO ITEM]

Subitemization of WESTMARK CREDIT UNION(11/09/10)

B.

Full Name (Last, First, Middle Initial)
UNITED STATES TREASURY

Mailing Address

City State Zip Code

Purpose of Disbursement
FUTA

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-30950
Date of Disbursement

^M 1	^M 0	/	^D 2	^D 7	/	^Y 2	^Y 0	^Y 1	^Y 0
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Amount of Each Disbursement this Period

5.52

C.

Full Name (Last, First, Middle Initial)
UNITED STATES TREASURY

Mailing Address

City State Zip Code

Purpose of Disbursement
FICA/FWT

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-30951
Date of Disbursement

^M 1	^M 0	/	^D 2	^D 7	/	^Y 2	^Y 0	^Y 1	^Y 0
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Amount of Each Disbursement this Period

124.16

SUBTOTAL of Disbursements This Page (optional) ▶

129.68

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

<p>A. Full Name (Last, First, Middle Initial) VALICE</p> <p>Mailing Address 2741 Airport Way</p> <p>City Boise State ID Zip Code 83705-5082</p> <p>Purpose of Disbursement Letter design Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-30913 Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 212.50</p> <p>Category/Type: 003</p>
<p>B. Full Name (Last, First, Middle Initial) VAN ORDEN, LUND & CANNON</p> <p>Mailing Address 1487 Parkway Drive</p> <p>City Blackfoot State ID Zip Code 83221-1667</p> <p>Purpose of Disbursement Accounting services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-30924 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 6295.00</p> <p>Category/Type: 001</p>
<p>C. Full Name (Last, First, Middle Initial) WATTS ADVISORS, INC.</p> <p>Mailing Address 5216 N Watersedge Avenue</p> <p>City Boise State ID Zip Code 83714-1786</p> <p>Purpose of Disbursement Web hosting-Simpson Cup Photos Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-30923 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 154.48</p> <p>Category/Type: 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6661.98

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)
WESTMARK CREDIT UNION

Mailing Address PO Box 2869

City Idaho Falls State ID Zip Code 83403-2869

Purpose of Disbursement
See subitemization

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: B-E-30977

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

5578.41

Original vendors exceeding reporting threshold itemized as memo transactions.

B.

Full Name (Last, First, Middle Initial)
WESTMARK CREDIT UNION

Mailing Address PO Box 2869

City Idaho Falls State ID Zip Code 83403-2869

Purpose of Disbursement
Finance Charge

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: B-S-5053

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

13.56

[MEMO ITEM]
Subitemization of WESTMARK CREDIT UNION(11/09/10)

C.

Full Name (Last, First, Middle Initial)
ZACH HAUGE

Mailing Address PO Box 953

City Boise State ID Zip Code 83701-0953

Purpose of Disbursement
Fundraising Retainer

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: B-E-30912

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

1750.00

SUBTOTAL of Disbursements This Page (optional) ▶

7328.41

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)
ZACH HAUGE

Transaction ID: B-E-30942

Date of Disbursement

^M 1	^M 1	/	^D 0	^D 9	/	^Y 2	^Y 0	^Y 1	^Y 0
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Mailing Address PO Box 953

Amount of Each Disbursement this Period

1750.00

City Boise State ID Zip Code 83701-0953

Purpose of Disbursement
Fundraising retainer

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
ZACH HAUGE

Transaction ID: B-E-30940

Date of Disbursement

^M 1	^M 1	/	^D 1	^D 1	/	^Y 2	^Y 0	^Y 1	^Y 0
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Mailing Address PO Box 953

Amount of Each Disbursement this Period

2500.00

City Boise State ID Zip Code 83701-0953

Purpose of Disbursement
Fundraising Bonus

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
ZACH HAUGE

Transaction ID: B-E-30946

Date of Disbursement

^M 1	^M 1	/	^D 2	^D 2	/	^Y 2	^Y 0	^Y 1	^Y 0
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Mailing Address PO Box 953

Amount of Each Disbursement this Period

1750.00

City Boise State ID Zip Code 83701-0953

Purpose of Disbursement
Fundraising retainer

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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) JEFF WALLACE Mailing Address 2940 E Shadowcrest Drive City Eagle State ID Zip Code 83616-5768 Purpose of Disbursement Mileage for setting up signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-30915 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 1612.00
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JEFF WALLACE Mailing Address 2940 E Shadowcrest Drive City Eagle State ID Zip Code 83616-5768 Purpose of Disbursement Supplies for setting up signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-30928 Date of Disbursement 11 / 02 / 2010
	Amount of Each Disbursement this Period 651.36
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JEFF WALLACE Mailing Address 2940 E Shadowcrest Drive City Eagle State ID Zip Code 83616-5768 Purpose of Disbursement Gathering signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-30972 Date of Disbursement 11 / 11 / 2010
	Amount of Each Disbursement this Period 4497.90
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6761.26

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

36034.12

**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 32 / 32

<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) LABRADOR FOR CONGRESS	Transaction ID: B-E-30910 Date of Disbursement 10 / 21 / 2010
	Mailing Address 910 W Jefferson Street	Amount of Each Disbursement this Period 2000.00
	City Boise State ID Zip Code 83702-5436	
	Purpose of Disbursement Contribution Candidate Name RAUL RAFAEL LABRADOR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) REICHERT FOR CONGRESS	Transaction ID: B-E-30911 Date of Disbursement 10 / 21 / 2010
	Mailing Address PO Box 53322	Amount of Each Disbursement this Period 600.00
	City Bellevue State WA Zip Code 98015-3322	
	Purpose of Disbursement Contribution Candidate Name DAVE REICHERT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

2600.00