

# 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

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 [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer T. LAYNE VAN ORDEN

Signature of Treasurer Electronically Filed by T. LAYNE VAN ORDEN Date 04 14 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

SIMPSON FOR CONGRESS

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	46200.00	293787.78
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	46200.00	293787.78
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	30811.77	218520.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30811.77	218520.15
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>114409.48</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
SIMPSON FOR CONGRESS

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

7800.00

81537.78

(ii) Unitemized.....

700.00

5350.00

(iii) TOTAL of contributions

8500.00

86887.78

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

37700.00

206900.00

(d) The Candidate.....

0.00

0.00

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

46200.00

293787.78

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

46200.00

293787.78

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	30811.77	218520.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	40000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	8350.00	18350.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	39161.77	276870.15

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	107371.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	46200.00
25. SUBTOTAL (add Line 23 and Line 24).....	153571.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39161.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	114409.48

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 42  
(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)  
ACSPA - SURGEONS PAC

Mailing Address 1640 Wisconsin Avenue NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2008

**Transaction ID:** 80411.C10102

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
AIRCRAFT OWNERS & PILOTS ASSOC. PAC

Mailing Address 421 Aviation Way

City State Zip Code  
Frederick MD 21701

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2008

**Transaction ID:** 80411.C10096

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN CHEMISTRY COUNCIL PAC

Mailing Address 1300 Wilson Blvd.

City State Zip Code  
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2008

**Transaction ID:** 80411.C10101

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 42  
(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 CRYSTAL SUGAR COMPANY PAC  
Mailing Address 101 North Third Street

City State Zip Code  
Moorhead MN 56560

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	8

**Transaction ID:** 80411.C10110  
 Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN DENTAL PAC  
Mailing Address 1111 - 14th Street, NW, Suite 1100

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	8

**Transaction ID:** 80411.C10082  
 Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN SUGAR CANE LEAGUE PAC  
Mailing Address P. O. Box Drawer 938

City State Zip Code  
Thibodaux LA 70302

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	8

**Transaction ID:** 80411.C10104  
 Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9500.00**

**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 7 / 42

(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, Rm. 7-A-50**

City **San Antonio** State **TX** Zip Code **78205**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **4000.00**

Date of Receipt **03 / 31 / 2008**

**Transaction ID: 80411.C10092**

Amount of Each Receipt this Period **1000.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**BABCOCK & WILCOX GOOD GOVERNMENT FUND**

Mailing Address **1525 Wilson Blvd., Suite 100**

City **Arlington** State **VA** Zip Code **22209**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **4000.00**

Date of Receipt **02 / 22 / 2008**

**Transaction ID: 80411.C10077**

Amount of Each Receipt this Period **2000.00**

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

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

Mailing Address **P. O. Box 193965**

City **San Francisco** State **CA** Zip Code **94119**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **4000.00**

Date of Receipt **03 / 31 / 2008**

**Transaction ID: 80411.C10098**

Amount of Each Receipt this Period **2000.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

**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 / 42  
(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)  
CH2M HILL COMPANIES LTD. PAC

Mailing Address 9191 S. Jamaica St.

City Englewood State CO Zip Code 80112

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 03 / 31 / 2008  
**Transaction ID:** 80411.C10081  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
DEVON ENERGY CORP PAC

Mailing Address 20 N. Broadway, Suite 1500

City Oklahoma City State OK Zip Code 73102-8260

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2008  
**Transaction ID:** 80411.C10094  
 Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
KIRKPATRICK & LOCKHART PRESTON GATES

Mailing Address ELLIS LLP PAC  
1601 K Street NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 31 / 2008  
**Transaction ID:** 80411.C10099  
 Amount of Each Receipt this Period 2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**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 9 / 42

(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
MINEPAC, PAC OF NATIONAL MINING ASSOC.

Mailing Address 1130 - 17th Street NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00304634

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2008

Transaction ID: 80411.C10080

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
MINN-DAK FARMERS COOPERATIVE PAC

Mailing Address 7525 Red River Road

City State Zip Code  
Wahpeton ND 58075

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2008

Transaction ID: 80411.C10103

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
NUCLEAR FUEL SERVICES, INC. PAC

Mailing Address 1205 Banner Hill Road

City State Zip Code  
Erwin TN 37650

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2008

Transaction ID: 80411.C10093

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 42  
(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)  
OLDCASTLE MATERIALS INC PAC

Mailing Address 101 Constitution Ave. NW Ste 660w

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2008

**Transaction ID:** 80411.C10095

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 8404 Indian Hills Dr

City State Zip Code  
Omaha NE 68114

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2008

**Transaction ID:** 80411.C10086

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
RAYMOND JAMES GLOBAL ACCOUNT

Mailing Address 880 Carillon Parkway

City State Zip Code  
Saint Petersburg FL 33716

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2008

**Transaction ID:** 80411.C10112

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2200.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 42  
(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)  
RAYTHEON PAC

Mailing Address 1100 Wilson Boulevard, Suite 1500

City State Zip Code  
Arlington VA 22209-2297

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2008

**Transaction ID:** 80411.C10135

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 430 N. Michigan Ave.

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2008

**Transaction ID:** 80411.C10107

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
SOUTHERN MINNESOTA BEET SUGAR COOP. PAC

Mailing Address P. O. Box 500

City State Zip Code  
Renville MN 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2008

**Transaction ID:** 80411.C10087

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 12 / 42  
(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)  
THE ORTHOPAEDIC SURGEONS PAC

Mailing Address 317 Massachusetts Ave. N.E.

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 31 / 2008  
**Transaction ID:** 80411.C10109  
 Amount of Each Receipt this Period 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
UNITED PARCEL SERVIC INC. PAC

Mailing Address 55 Glenlake Parkway, N. E.

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 02 / 22 / 2008  
**Transaction ID:** 80411.C10076  
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 1050 Thomas Jefferson St. NW Ste 7

City Washington State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 03 / 31 / 2008  
**Transaction ID:** 80411.C10079  
 Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 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 13 / 42  
(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)  
WASHINGTON DIV OF URS CORP PAC

Mailing Address 2345 Crystal Drive, Ste. 708

City Arlington State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 03 / 31 / 2008  
**Transaction ID:** 80411.C10088  
 Amount of Each Receipt this Period 1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
WESTINGHOUSE ELECTRIC CO PAC

Mailing Address 900 19th Street, NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 31 / 2008  
**Transaction ID:** 80411.C10111  
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 1001 Connecticut Ave. NW, Suite 12

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 03 / 31 / 2008  
**Transaction ID:** 80411.C10100  
 Amount of Each Receipt this Period 2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

**TOTAL** This Period (last page this line number only) ..... ► 37700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 42
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) KELLY ALVAREZ	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 3668 Tuscany Drive	<b>Transaction ID:</b> 80411.C10119
	City State Zip Code Idaho Falls ID 83404	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Battelle Energy Alliance Deputy Lab Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) HAROLD S. BLACKMAN	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 2754 Waterford Ct.	<b>Transaction ID:</b> 80411.C10130
	City State Zip Code Idaho Falls ID 83404	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Battelle Energy Alliance Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) NICHOLAS G. CAVAROCCHI	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 316 Pennsylvania Ave., SE, Suite 4	<b>Transaction ID:</b> 80411.C10089
	City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Cavarocchi, Ruscio Dennis Asso Partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> 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 / 42  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
DWAYNE E. COBURN

Mailing Address 519 N. 400 E.

City State Zip Code  
Rigby ID 83442

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

Name of Employer Battelle Energy Alliance Occupation Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2008

Transaction ID: 80411.C10133

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
PAUL COLLINS

Mailing Address 613 W. Sandstone Ct.

City State Zip Code  
Boise ID 83702-6509

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

Name of Employer Self-employed Occupation MD

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2008

Transaction ID: 80411.C10090

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
PHILLIP J. FINCK

Mailing Address 171 W. Stonerun Lane

City State Zip Code  
Idaho Falls ID 83404

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

Name of Employer Battelle Energy Alliance Occupation Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2008

Transaction ID: 80411.C10128

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**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 / 42  
(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)  
MARY L. GIBBS

Mailing Address 4501 Sutter Lane

City State Zip Code  
Idaho Falls ID 83404

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

Name of Employer Occupation  
Battelle Energy Alliance Manager

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2008

**Transaction ID:** 80411.C10120

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
PAUL D. GRIMM

Mailing Address 8025 Merry Oaks Ct.

City State Zip Code  
Vienna VA 22182-4029

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

Name of Employer Occupation  
Van Scoyoc, Assoc. Attorney

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2008

**Transaction ID:** 80411.C10091

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
RALPH M. HARTWELL

Mailing Address 2644 Parkview Lane

City State Zip Code  
Idaho Falls ID 83404

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

Name of Employer Occupation  
Hartwell Corp. CEO

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2008

**Transaction ID:** 80411.C10117

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

**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 / 42  
(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)  
PHILIP C. HILDEBRANDT  
 Mailing Address PO Box 989  
 City Plymouth State MA Zip Code 02362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Battelle Energy Alliance Occupation Manager  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **500.00**  
 Date of Receipt 03 / 28 / 2008  
**Transaction ID:** 80411.C10134  
 Amount of Each Receipt this Period 500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
DAVID J. HILL  
 Mailing Address 6280 Red Rock Drive  
 City Idaho Falls State ID Zip Code 83401-6349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Battelle Energy Alliance Occupation Director  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **200.00**  
 Date of Receipt 03 / 28 / 2008  
**Transaction ID:** 80411.C10116  
 Amount of Each Receipt this Period 200.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
WILL HOLLIER  
 Mailing Address 12707 Westbrook Drive  
 City Fairfax State VA Zip Code 22030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gallatin Group Occupation Partner  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **2000.00**  
 Date of Receipt 03 / 31 / 2008  
**Transaction ID:** 80411.C10083  
 Amount of Each Receipt this Period 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... **1700.00**  
**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 18 / 42
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MARK J. HOLUBAR	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 4643 E. Madison River Rd	<b>Transaction ID:</b> 80411.C10122
	City State Zip Code Idaho Falls ID 83401	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Battelle Energy Alliance Manager	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ANN HOWELL	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 2275 S. Boulevard	<b>Transaction ID:</b> 80411.C10115
	City State Zip Code Idaho Falls ID 83404	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation IDAHO STATE UNIVERSITY Outreach Coordinator	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT C. IOTTI	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 4 Edinburgh Court	<b>Transaction ID:</b> 80411.C10124
	City State Zip Code Englishtown NJ 07726	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation CH2M Hill Engineer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 42  
(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)  
MICHAEL D. JOHNSON

Mailing Address 2990 Stonewood Circle

City State Zip Code  
Idaho Falls ID 83406

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

Name of Employer Occupation  
CH2M Hill Manager

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2008

**Transaction ID:** 80411.C10132

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
JOHN J LANCE

Mailing Address 363 Jupiter Hills Dr.

City State Zip Code  
Idaho Falls ID 83401

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

Name of Employer Occupation  
Battelle Energy Alliance Manager

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2008

**Transaction ID:** 80411.C10127

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
JOHN LINDSAY

Mailing Address 3576 Burgandy Dr.

City State Zip Code  
Idaho Falls ID 83404

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

Name of Employer Occupation  
Battelle Energy Alliance Director

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2008

**Transaction ID:** 80411.C10121

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **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: PAGE 20 / 42  
(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)  
**HENRY E. MCGUIRE**

Mailing Address **26 Pine Street**

City **Morristown** State **NJ** Zip Code **07960-4134**

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

Name of Employer **Tetra Tech, Inc.** Occupation **Vice President**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt **03 / 31 / 2008**  
**Transaction ID: 80411.C10084**  
 Amount of Each Receipt this Period **500.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**MARK D. OLSEN**

Mailing Address **168 Stone Run Lane**

City **Idaho Falls** State **ID** Zip Code **83404**

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

Name of Employer **Battelle Energy Alliance** Occupation **Attorney**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **450.00**

Date of Receipt **03 / 28 / 2008**  
**Transaction ID: 80411.C10131**  
 Amount of Each Receipt this Period **200.00**

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

**C.** Full Name (Last, First, Middle Initial)  
**GERALD H. SCHEID**

Mailing Address **5566 W. 49th N.**

City **Idaho Falls** State **ID** Zip Code **83402**

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

Name of Employer **I & S Farms** Occupation **Farmer**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **200.00**

Date of Receipt **03 / 28 / 2008**  
**Transaction ID: 80411.C10123**  
 Amount of Each Receipt this Period **200.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 42  
(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)  
GERALD E. SWIGGETT

Mailing Address 7720 Desdemona Ct.

City State Zip Code  
Mc Lean VA 22102

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

Name of Employer Occupation  
GIS Enterprises, Inc. President

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

3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2008

Transaction ID: 80411.C10085

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7800.00

**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 22 / 42

<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)  
MINI-CASSIA CHAMBER OF COMMERCE

Transaction ID: 80411.E4060

Date of Disbursement

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

Mailing Address PO Box 640

Amount of Each Disbursement this Period

183.00
--------

City State Zip Code  
Heyburn ID 83336-

Purpose of Disbursement  
2008 Dues

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

2008 DUES

State: District:

B.

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

Transaction ID: 80411.E4074

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

Mailing Address PO Box 2046

Amount of Each Disbursement this Period

4500.00
---------

City State Zip Code  
Boise ID 83701-

Purpose of Disbursement  
Fundraising retainer

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

FUNDRAISING RETAINER

State: District:

C.

Full Name (Last, First, Middle Initial)  
AT&T

Transaction ID: 80411.E4063

Date of Disbursement

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

Mailing Address P. O. BOX 78225

Amount of Each Disbursement this Period

36.21
-------

City State Zip Code  
Phoenix AZ 85062-8225

Purpose of Disbursement  
Telephone

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

TELEPHONE

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4719.21
---------

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

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
AT&T

Transaction ID: 80411.E4064  
Date of Disbursement

Mailing Address P. O. BOX 78225

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	8

City Phoenix State AZ Zip Code 85062-8225

Amount of Each Disbursement this Period

36.21
-------

Purpose of Disbursement  
Telephone

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

TELEPHONE

State: District:

B.

Full Name (Last, First, Middle Initial)  
AT&T

Transaction ID: 80411.E4065  
Date of Disbursement

Mailing Address P. O. BOX 78225

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

City Phoenix State AZ Zip Code 85062-8225

Amount of Each Disbursement this Period

36.21
-------

Purpose of Disbursement  
Telephone

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

TELEPHONE

State: District:

C.

Full Name (Last, First, Middle Initial)  
AUTOSORT

Transaction ID: 80411.E4057  
Date of Disbursement

Mailing Address 7286 W. Airway Court

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

City Boise State ID Zip Code 83709-

Amount of Each Disbursement this Period

4876.61
---------

Purpose of Disbursement  
Postage and mailing

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

POSTAGE AND MAILING

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

4949.03
---------

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) <b>BANK OF COMMERCE</b>  Mailing Address P. O. Box 1702  City Idaho Falls State ID Zip Code 83403- Purpose of Disbursement Bankcard 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: 80411.E4093 Date of Disbursement 01 / 02 / 2008  Amount of Each Disbursement this Period 85.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>BANKCARD FEES</b>
B.	Full Name (Last, First, Middle Initial) <b>BANK OF COMMERCE</b>  Mailing Address P. O. Box 1702  City Idaho Falls State ID Zip Code 83403- Purpose of Disbursement Bankcard 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: 80411.E4094 Date of Disbursement 02 / 04 / 2008  Amount of Each Disbursement this Period 85.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>BANKCARD FEES</b>
C.	Full Name (Last, First, Middle Initial) <b>BANK OF COMMERCE</b>  Mailing Address P. O. Box 1702  City Idaho Falls State ID Zip Code 83403- Purpose of Disbursement Bankcard 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: 80411.E4095 Date of Disbursement 03 / 04 / 2008  Amount of Each Disbursement this Period 85.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>BANKCARD FEES</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>255.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BOISE METRO CHAMBER OF COMMERCE	Transaction ID: 80411.E4077 Date of Disbursement 03 / 11 / 2008
	Mailing Address P. O. Box 2368	Amount of Each Disbursement this Period 370.00
	City Boise State ID Zip Code 83701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Membership Candidate Name	MEMBERSHIP
	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) ▼
B.	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	Transaction ID: 80411.E4072 Date of Disbursement 02 / 01 / 2008
	Mailing Address 300 1st Street SE	Amount of Each Disbursement this Period 277.46
	City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering Candidate Name	CATERING
	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) ▼
C.	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	Transaction ID: 80411.E4073 Date of Disbursement 03 / 11 / 2008
	Mailing Address 300 1st Street SE	Amount of Each Disbursement this Period 901.88
	City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering Candidate Name	CATERING
	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) ▼

SUBTOTAL of Disbursements This Page (optional) .....

1549.34

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)  
CONGRESSIONAL CLUB

Mailing Address 2001 New Hampshire Ave., NW

City Washington State DC Zip Code 20009-

Purpose of Disbursement  
First Ladys Luncheon  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80411.E4071  
Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

400.00

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

FIRST LADYS LUNCHEON

B.

Full Name (Last, First, Middle Initial)  
EDGE WIRELESS

Mailing Address PO Box 5207

City Portland State OR Zip Code 97208-5207

Purpose of Disbursement  
Cell phone  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80411.E4061  
Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

48.33

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

CELL PHONE

C.

Full Name (Last, First, Middle Initial)  
EDGE WIRELESS

Mailing Address PO Box 5207

City Portland State OR Zip Code 97208-5207

Purpose of Disbursement  
Cell phone  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80411.E4062  
Date of Disbursement

03 / 11 / 2008

Amount of Each Disbursement this Period

98.70

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

CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶

547.03

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) LYNK SYSTEMS	Transaction ID: 80411.E4096 Date of Disbursement 01 / 07 / 2008
	Mailing Address 600 Morgan Falls Rd., Ste. 260	Amount of Each Disbursement this Period 30.00
	City Atlanta State GA Zip Code 30350- Purpose of Disbursement Bankcard fees Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>BANKCARD FEES</b>

B.	Full Name (Last, First, Middle Initial) LYNK SYSTEMS	Transaction ID: 80411.E4098 Date of Disbursement 02 / 05 / 2008
	Mailing Address 600 Morgan Falls Rd., Ste. 260	Amount of Each Disbursement this Period 30.00
	City Atlanta State GA Zip Code 30350- Purpose of Disbursement Bankcard fees Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>BANKCARD FEES</b>

C.	Full Name (Last, First, Middle Initial) LYNK SYSTEMS	Transaction ID: 80411.E4097 Date of Disbursement 03 / 04 / 2008
	Mailing Address 600 Morgan Falls Rd., Ste. 260	Amount of Each Disbursement this Period 30.00
	City Atlanta State GA Zip Code 30350- Purpose of Disbursement Bankcard fees Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>BANKCARD FEES</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.

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

Transaction ID: 80411.E4054  
Date of Disbursement

Mailing Address 5213 Hadlock Ct.

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

City Boise State ID Zip Code 83703-

Amount of Each Disbursement this Period

277.05
--------

Purpose of Disbursement  
Salary  
Candidate Name

Category/  
Type

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

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

SALARY

B.

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

Transaction ID: 80411.E4056  
Date of Disbursement

Mailing Address 5213 Hadlock Ct.

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

City Boise State ID Zip Code 83703-

Amount of Each Disbursement this Period

277.05
--------

Purpose of Disbursement  
Salary  
Candidate Name

Category/  
Type

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

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

SALARY

C.

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

Transaction ID: 80411.E4055  
Date of Disbursement

Mailing Address 5213 Hadlock Ct.

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	8

City Boise State ID Zip Code 83703-

Amount of Each Disbursement this Period

277.05
--------

Purpose of Disbursement  
Salary  
Candidate Name

Category/  
Type

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

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

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

831.15

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)  
U S POSTMASTER

Mailing Address

City Boise State ID Zip Code 83707-

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** 80411.E4076  
**Date of Disbursement:** 03 / 12 / 2008

Amount of Each Disbursement this Period: 41.00

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

POSTAGE

**B.**

Full Name (Last, First, Middle Initial)  
QWEST

Mailing Address P. O. Box 5508

City Bismarck State ND Zip Code 58506-

Purpose of Disbursement Phone

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** 80411.E4068  
**Date of Disbursement:** 02 / 01 / 2008

Amount of Each Disbursement this Period: 167.02

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

PHONE

**C.**

Full Name (Last, First, Middle Initial)  
QWEST

Mailing Address P. O. Box 5508

City Bismarck State ND Zip Code 58506-

Purpose of Disbursement Phone

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** 80411.E4067  
**Date of Disbursement:** 03 / 11 / 2008

Amount of Each Disbursement this Period: 167.02

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

PHONE

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 375.04

**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) QWEST	Transaction ID: 80411.E4066 Date of Disbursement 03 / 31 / 2008
	Mailing Address P. O. Box 5508	Amount of Each Disbursement this Period 167.02
	City Bismarck State ND Zip Code 58506-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PHONE

B.	Full Name (Last, First, Middle Initial) CHALICE ROY	Transaction ID: 80411.E4069 Date of Disbursement 02 / 01 / 2008
	Mailing Address 7849 Middy Lane	Amount of Each Disbursement this Period 2100.40
	City Alexandria State VA Zip Code 22306-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising retainer & e-mails Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING RETAINER & E-MAILS

C.	Full Name (Last, First, Middle Initial) CHALICE ROY	Transaction ID: 80411.E4070 Date of Disbursement 03 / 11 / 2008
	Mailing Address 7849 Middy Lane	Amount of Each Disbursement this Period 2197.44
	City Alexandria State VA Zip Code 22306-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising retainer-fax & e-mail e Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING RETAINER-FAX & E-MAIL E

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4464.86
<b>TOTAL</b> 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 31 / 42

<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 INSURANCE FUND

Transaction ID: 80411.E4079

Date of Disbursement

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

Mailing Address P. O. Box 83720

Amount of Each Disbursement this Period

150.00
--------

City State Zip Code  
Boise ID 83720-0044

Purpose of Disbursement  
Workmans Comp Insurance

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

WORKMANS COMP INSURANCE

State: District:

B.

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

Transaction ID: 80411.E4059

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	8

Mailing Address

Amount of Each Disbursement this Period

878.63
--------

City State Zip Code  
Austin TX 73301-

Purpose of Disbursement  
2007 FWT/FICA

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

2007 FWT/FICA

State: District:

C.

Full Name (Last, First, Middle Initial)  
VAN ORDEN, LUND & CANNON

Transaction ID: 80411.E4051

Date of Disbursement

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

Mailing Address 1487 Parkway Drive

Amount of Each Disbursement this Period

795.00
--------

City State Zip Code  
Blackfoot ID 83221-

Purpose of Disbursement  
Accounting services

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

ACCOUNTING SERVICES

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1823.63
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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><b>A.</b> Full Name (Last, First, Middle Initial) VAN ORDEN, LUND &amp; CANNON</p> <p>Mailing Address 1487 Parkway Drive</p> <p>City Blackfoot State ID Zip Code 83221-</p> <p>Purpose of Disbursement Accounting services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80411.E4052</p> <p>Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1095.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>ACCOUNTING SERVICES</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) VAN ORDEN, LUND &amp; CANNON</p> <p>Mailing Address 1487 Parkway Drive</p> <p>City Blackfoot State ID Zip Code 83221-</p> <p>Purpose of Disbursement Accounting services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80411.E4053</p> <p>Date of Disbursement 03 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2195.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>ACCOUNTING SERVICES</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WATTS ADVISORS, INC.</p> <p>Mailing Address 5216 Watersedge</p> <p>City Boise State ID Zip Code 83714-</p> <p>Purpose of Disbursement Campaign administration &amp; cell phon</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80411.E4048</p> <p>Date of Disbursement 01 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 520.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CAMPAIGN ADMINISTRATION &amp; CELL PHON</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>3810.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) WATTS ADVISORS, INC.  Mailing Address 5216 Watersedge  City Boise State ID Zip Code 83714-  Purpose of Disbursement Campaign Admin-cell phone-computer 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: 80411.E4049 Date of Disbursement 02 / 05 / 2008  Amount of Each Disbursement this Period 575.11  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CAMPAIGN ADMIN-CELL PHONE- COMPUTER
B.	Full Name (Last, First, Middle Initial) WATTS ADVISORS, INC.  Mailing Address 5216 Watersedge  City Boise State ID Zip Code 83714-  Purpose of Disbursement Campaign admin-cell phone-event sup 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: 80411.E4050 Date of Disbursement 03 / 12 / 2008  Amount of Each Disbursement this Period 634.01  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CAMPAIGN ADMIN-CELL PHONE- EVENT SUP
C.	Full Name (Last, First, Middle Initial) WESTERN COMMUNITY INS. CO.  Mailing Address P. O. Box 4848  City Pocatello State ID Zip Code 83205-4848  Purpose of Disbursement Insurance 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: 80411.E4075 Date of Disbursement 03 / 11 / 2008  Amount of Each Disbursement this Period 100.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  INSURANCE

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1309.12

**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)  
WESTFIELDS GOLF CLUB

Mailing Address 13940 Balmorae Greens Ave.

City Clifton State VA Zip Code 20124-

Purpose of Disbursement  
Green fees deposit for fundraiser

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80411.E4080

Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

1071.00

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

GREEN FEES DEPOSIT FOR FUNDRAISER

B.

Full Name (Last, First, Middle Initial)  
WESTMARK

Mailing Address P. O. Box 2869

City Idaho Falls State ID Zip Code 83403-

Purpose of Disbursement  
See Below

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80411.E4082

Date of Disbursement

01 / 09 / 2008

Amount of Each Disbursement this Period

1662.42

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

SEE BELOW

C.

Full Name (Last, First, Middle Initial)  
ALASKA AIR

Mailing Address

City Seattle State WA Zip Code 98168-

Purpose of Disbursement  
Spouse travel to event

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80412.E4109

Date of Disbursement

01 / 09 / 2008

Amount of Each Disbursement this Period

208.80

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

[MEMO ITEM]

MEMO: SPOUSE TRAVEL TO EVENT

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2733.42

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)  
DELTA AIR

Mailing Address Harts Field, Atlanta National Airp

City Atlanta State GA Zip Code 30320-

Purpose of Disbursement  
Spouse Travel to mid-east

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80412.E4108  
Date of Disbursement

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

Amount of Each Disbursement this Period

784.59
--------

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

[MEMO ITEM]

MEMO: SPOUSE TRAVEL TO MI-  
D-EAST

B.

Full Name (Last, First, Middle Initial)  
FEDEX

Mailing Address

City Memphis State TN Zip Code 38118-

Purpose of Disbursement  
Freight

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 70705.E3898  
Date of Disbursement

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

Amount of Each Disbursement this Period

39.21
-------

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

[MEMO ITEM]

MEMO: FREIGHT

C.

Full Name (Last, First, Middle Initial)  
GET N GO

Mailing Address

City Idaho Falls State ID Zip Code 83402-

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80412.E4100  
Date of Disbursement

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

Amount of Each Disbursement this Period

48.43
-------

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

[MEMO ITEM]

MEMO: TRAVEL

SUBTOTAL of Disbursements This Page (optional) .....

0.00
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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) <b>STUDIO III PHOTOGRAPHY</b> <hr/> Mailing Address <hr/> City: <b>Boise</b> State ID: _____ Zip Code: <b>83702-</b> Purpose of Disbursement: <b>Christmas Card Design</b> 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>80412.E4106</b> Date of Disbursement: <b>01 / 09 / 2008</b> <hr/> Amount of Each Disbursement this Period: <b>85.00</b> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CHRISTMAS CARD DESIGN
B.	Full Name (Last, First, Middle Initial) <b>U S HOUSE OF REPRESENTATIVES GIFT SHOP</b> <hr/> Mailing Address <hr/> City: <b>Washington</b> State ID: <b>DC</b> Zip Code: <b>20003-</b> Purpose of Disbursement: <b>Gifts</b> 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>80412.E4105</b> Date of Disbursement: <b>01 / 09 / 2008</b> <hr/> Amount of Each Disbursement this Period: <b>369.70</b> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: GIFTS
C.	Full Name (Last, First, Middle Initial) <b>WESTMARK</b> <hr/> Mailing Address: <b>P. O. Box 2869</b> <hr/> City: <b>Idaho Falls</b> State ID: <b>ID</b> Zip Code: <b>83403-</b> Purpose of Disbursement: <b>See Below</b> 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>80411.E4083</b> Date of Disbursement: <b>02 / 05 / 2008</b> <hr/> Amount of Each Disbursement this Period: <b>355.50</b> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>SEE BELOW</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**355.50**

**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

Mailing Address

City State Zip Code  
Memphis TN 38118-

Purpose of Disbursement  
Freight

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80412.E4099  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**  
MEMO: FREIGHT

B.

Full Name (Last, First, Middle Initial)  
STAPLES

Mailing Address

City State ID Zip Code  
Boise ID 83706-

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80412.E4110  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**  
MEMO: OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)  
THE CAR PARK INC

Mailing Address

City State ID Zip Code  
Boise ID 83701-

Purpose of Disbursement  
Parking

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80412.E4111  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**  
MEMO: PARKING

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**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

Mailing Address P. O. Box 2869

City Idaho Falls State ID Zip Code 83403-

Purpose of Disbursement  
See Below

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80411.E4084

Date of Disbursement

03 / 11 / 2008

Amount of Each Disbursement this Period

2697.39

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

SEE BELOW

B.

Full Name (Last, First, Middle Initial)  
US AIRWAYS

Mailing Address

City Atlanta State GA Zip Code 30328-

Purpose of Disbursement  
Air travel

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80412.E4118

Date of Disbursement

03 / 11 / 2008

Amount of Each Disbursement this Period

228.00

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

[MEMO ITEM]

MEMO: AIR TRAVEL

C.

Full Name (Last, First, Middle Initial)  
BED BATH & BEYOND

Mailing Address

City Boise State ID Zip Code 83706-

Purpose of Disbursement  
Appreciation gifts

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80412.E4114

Date of Disbursement

03 / 11 / 2008

Amount of Each Disbursement this Period

230.92

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

[MEMO ITEM]

MEMO: APPRECIATION GIFTS

SUBTOTAL of Disbursements This Page (optional) .....

2697.39

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) GET N GO  Mailing Address  City Idaho Falls State ID Zip Code 83402-  Purpose of Disbursement Travel  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: 80412.E4101 Date of Disbursement 03 / 11 / 2008  Amount of Each Disbursement this Period 98.98  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: TRAVEL
B.	Full Name (Last, First, Middle Initial) REPUBLIC STORAGE  Mailing Address  City Boise State ID Zip Code 83702-  Purpose of Disbursement Campaign storage  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: 80412.E4117 Date of Disbursement 03 / 11 / 2008  Amount of Each Disbursement this Period 430.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: CAMPAIGN STORAGE
C.	Full Name (Last, First, Middle Initial) STUDIO III PHOTOGRAPHY  Mailing Address  City Boise State ID Zip Code 83702-  Purpose of Disbursement Christmas Card Design  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: 80412.E4107 Date of Disbursement 03 / 11 / 2008  Amount of Each Disbursement this Period 371.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: CHRISTMAS CARD DESI- GN

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 42

<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)  
THE CAR PARK INC

Transaction ID: 80412.E4116

Date of Disbursement

Mailing Address

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	8

City State Zip Code  
Boise ID 83701-

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
Parking

Category/  
Type

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

Candidate Name

**[MEMO ITEM]**  
MEMO: PARKING

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

0.00

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

30509.72



# 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 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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>JIM RISCH FOR US SENATE COMMITTEE</b>	<b>Transaction ID:</b> 80411.E4088 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8
	Mailing Address 407 W. Jefferson Street	
	City Boise State ID Zip Code 83702-	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement SENATE CANDIDATE [ID]-JAMES E RISCH Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JIM RISCH FOR US SENATE COMMITTEE</b>	<b>Transaction ID:</b> 80411.E4089 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8
	Mailing Address 407 W. Jefferson Street	
	City Boise State ID Zip Code 83702-	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement SENATE CANDIDATE [ID]-JAMES E RISCH Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>HOUSE REPUBLICAN CAUCUS FUNDRAISER</b>	<b>Transaction ID:</b> 80414.E4120 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8
	Mailing Address 621 S. 17th St.	
	City Boise State ID Zip Code 83706-	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement CONTRIBUTION TO REPUBLICAN FUNDRAIS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4350.00</b>
<b>TOTAL</b> 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 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

<b>A.</b> Full Name (Last, First, Middle Initial) SALI FOR CONGRESS <hr/> Mailing Address 175 Linke Ct. <hr/> City Kuna State ID Zip Code 83634- <hr/> Purpose of Disbursement HOUSE CANDIDATE (ID01) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	<b>Transaction ID:</b> 80411.E4085 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) SALI FOR CONGRESS <hr/> Mailing Address 175 Linke Ct. <hr/> City Kuna State ID Zip Code 83634- <hr/> Purpose of Disbursement HOUSE CANDIDATE (ID01) Candidate Name WILLIAM T. SALI <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	<b>Transaction ID:</b> 80411.E4086 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4000.00

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

8350.00