

# 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 2

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 07 01 2006 through 09 30 2006

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 10 13 2006

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:    To:

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	141904.00	467772.46
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	141904.00	466772.46
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	93902.24	334724.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	629.36
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	93902.24	334095.20
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	139681.67	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
SIMPSON FOR CONGRESS

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**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).....

38325.00

110961.46

(ii) Unitemized.....

13579.00

16419.00

(iii) TOTAL of contributions

51904.00

127380.46

from individuals..... ▶

0.00

392.00

(b) Political Party Committees.....

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

90000.00

340000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)

141904.00

467772.46

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

0.00

(add Lines 13(a) and (b)).....

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

0.00

629.36

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)..... ▶

141904.00

468401.82

**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.....	93902.24	334724.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	100000.00	115000.00
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	1000.00
(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	1000.00
21. OTHER DISBURSEMENTS.....	0.00	9000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	193902.24	459724.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	191679.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	141904.00
25. SUBTOTAL (add Line 23 and Line 24).....	333583.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	193902.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	139681.67

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 69
	<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

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)  
AGC POLITICAL ACTION COMMITTEE

Mailing Address 1957 E Street, NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9210

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)  
AMALGAMATED SUGAR

Mailing Address 3184 Elder Street

City State Zip Code  
Boise ID 83705

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61007.C9375

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 ASSOC OF NURSE ANESTHETISTS

Mailing Address 412 First Street, SE Suite 12

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 61007.C9275

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) ..... ▶ **7000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 69
	<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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN BANKERS ASSOC. MULTI-CANDIDATE</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2006
Mailing Address 1120 Connecticut Ave., N.W.		<b>Transaction ID:</b> 61012.C9448
City State Zip Code Washington DC 20036	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN BANKERS ASSOC. MULTI-CANDIDATE</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006
Mailing Address 1120 Connecticut Ave., N.W.		<b>Transaction ID:</b> 61007.C9250
City State Zip Code Washington DC 20036	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN BANKERS ASSOC. MULTI-CANDIDATE</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006
Mailing Address 1120 Connecticut Ave., N.W.		<b>Transaction ID:</b> 61012.C9449
City State Zip Code Washington DC 20036	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 69
	<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. AMERICAN ECOLOGY CORP PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 E. Mallard Dr., Suite 300

City State Zip Code  
Boise ID 83706

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 61007.C9242

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. AMERICAN PODIATRIC MEDICAL ASSOC PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 9312 Old Georgetown Road

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation  
American Podiatric Med. Assoc. Dir. of Legislative Advocacy

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2006

**Transaction ID:** 60728.C9022

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. AMERICAN PODIATRIC MEDICAL ASSOC PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 9312 Old Georgetown Road

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation  
American Podiatric Med. Assoc. Dir. of Legislative Advocacy

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** 61007.C9342

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 69
	<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

Full Name (Last, First, Middle Initial) <b>A. BECHTEL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P. O. Box 193965		<b>Transaction ID: 61007.C9350</b>
City State Zip Code San Francisco CA 94119	Amount of Each Receipt this Period 1000.00	
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 Bechtel Principal VP and Manager		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. BROWNSTEIN HYATT &amp; FARBER PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 410 17th Street, 22nd Floor		<b>Transaction ID: 61007.C9238</b>
City State Zip Code Denver CO 80202	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		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. BUILD PAC-NATIONAL HOME BUILDERS</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 1201 15th Street N.W.		<b>Transaction ID: 61007.C9343</b>
City State Zip Code Washington DC 20005-2800	Amount of Each Receipt this Period 5000.00	
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		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 69
	<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

Full Name (Last, First, Middle Initial) <b>A. CDM NATIONAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 14420 Albemarle Point Place Suite		Transaction ID: 61007.C9316
City State Zip Code Chantilly VA 20151	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. CH2M HILL COMPANIES LTD. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 9191 S. Jamaica St.		Transaction ID: 61007.C9170
City State Zip Code Englewood CO 80112	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Engineer	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>C. CH2M HILL COMPANIES LTD. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 9191 S. Jamaica St.		Transaction ID: 61007.C9446
City State Zip Code Englewood CO 80112	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Engineer	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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

Full Name (Last, First, Middle Initial) <b>A. COALPAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006		
Mailing Address 101 Constitution Avenue NW, Suite		<b>Transaction ID: 60728.C9033</b>		
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) <b>B. CONPAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006		
Mailing Address 129 Park NE Suite 8		<b>Transaction ID: 61007.C9311</b>		
City State Zip Code Vienna VA 22180	Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>C. CREDIT UNION LEG. ACT. COUN. (CULAC)</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006		
Mailing Address 805 Fifteenth Street, NW Suite 300		<b>Transaction ID: 61007.C9220</b>		
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 2000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 69
	<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. DEALERS ELECTION ACTION COMM OF**

Full Name (Last, First, Middle Initial)  
Mailing Address NATIONAL AUTOMOBILE DEALERS ASSOCI  
8400 Westpark Drive

City State Zip Code  
Mc Lean VA 22102

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9203

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. EMERGENT BIOSOLUTIONS EMPLOYEES PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 Professional Drive

City State Zip Code  
Gaithersburg MD 20879

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: 60728.C9027

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. FMC GOOD GOVERNMENT PROGRAM**

Full Name (Last, First, Middle Initial)  
Mailing Address 1667 K Street NW, Suite 460

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: 60728.C9026

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) ..... ▶ **9000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
**FMC GOOD GOVERNMENT PROGRAM**

Mailing Address **1667 K Street NW, Suite 460**

City **Washington** State **DC** Zip Code **20006**

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **7500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 26 / 2006**

**Transaction ID: 61007.C9247**

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)  
**FREEDOM FUND**

Mailing Address **1155 21st Street, NW, Suite 300**

City **Washington** State **DC** Zip Code **20036**

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 26 / 2006**

**Transaction ID: 61007.C9232**

Amount of Each Receipt this Period  
**5000.00**

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

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF RAY LAHOOD**

Mailing Address **4238 N. Knoxville Avenue**

City **Peoria** State **IL** Zip Code **61614**

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 31 / 2006**

**Transaction ID: 61012.C9452**

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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

<b>A.</b> Full Name (Last, First, Middle Initial) GASPAC Mailing Address 400 N. Capital Street N.W. City Washington State DC Zip Code 20001 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006 <b>Transaction ID:</b> 61007.C9374 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) HOTEL PAC Mailing Address 1201 New York Ave. Ste. 600 City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006 <b>Transaction ID:</b> 61007.C9319 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) IDA-PAC COMMITTEE Mailing Address P. O. Box 70 City Boise State ID Zip Code 83707 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006 <b>Transaction ID:</b> 61007.C9236 Amount of Each Receipt this Period 5000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 69
	<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)  
LIVESTOCK MARKETING ASSOCIATION PAC

Mailing Address 10510 NW Ambassador Drive

City State Zip Code  
Kansas City MO 64153-1278

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9317

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)  
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: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: 60728.C9032

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)  
NATIONAL COUNCIL OF FARMERS COOP. PAC

Mailing Address 50 F Street, NW, Suite 900

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61007.C9373

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) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL PEST MANAGEMENT ASSOCIATION</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 8100 Oak St.		<b>Transaction ID: 61007.C9307</b>	
City State Zip Code Dunn Loring VA 22027		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL RURAL LETTER CARRIERS PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 1630 Duke Street, 4th Floor		<b>Transaction ID: 60728.C9028</b>	
City State Zip Code Alexandria VA 22314-3465		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. NAWG WHEATPAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 415 2nd Street, NE, No. 300		<b>Transaction ID: 61007.C9234</b>	
City State Zip Code Washington DC 20002		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 69
	<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

Full Name (Last, First, Middle Initial) <b>A. NEA FUND FOR CHILDREN &amp; PUBLIC ED</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 1201 16th Street, N.W., Suite 421		Transaction ID: 61007.C9235
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 5000.00	
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	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 8000.00		

Full Name (Last, First, Middle Initial) <b>B. NFDA PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 13625 Bishops Dr.		Transaction ID: 61007.C9310
City State Zip Code Brookfield WI 53005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00204008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>C. NRA-POLITICAL VICTORY FUND</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 11250 Waples Mill Road		Transaction ID: 61007.C9345
City State Zip Code Fairfax VA 22030-7400	Amount of Each Receipt this Period 1000.00	
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	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 69
	<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)  
NSSGA ROCKPAC

Mailing Address 1605 King Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

Transaction ID: 61007.C9252

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)  
NSSGA ROCKPAC

Mailing Address 1605 King Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61007.C9348

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)  
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: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9209

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 69
	<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)  
OXPAC

Mailing Address 10889 Wilshire Blvd.

City State Zip Code  
Los Angeles CA 90024

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

Transaction ID: 61007.C9239

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)  
PMA GROUP PAC

Mailing Address 1755 Jefferson DAvis Hwy. Ste. 110

City State Zip Code  
Arlington VA 22202-3509

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

Transaction ID: 61007.C9251

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)  
PORTLAND CEMENT ASSOCIATION, INC. PAC

Mailing Address 1130 Connecticut Ave., NW, Suite 1

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61007.C9376

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
POTATO PAC

Mailing Address 1300 L. Street NW Suite 910

City Washington State DC Zip Code 20005-4107

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2006

Transaction ID: 60728.C9031

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 Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 61007.C9273

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 430 N. Michigan Ave.

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 61007.C9274

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 69
	<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)  
S C JOHNSON & SON, INC. PAC

Mailing Address 1133 Connecticut Avenue, NW Suite

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9318

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)  
SKINPAC

Mailing Address 1350 I Street, NW, Suite 870

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61007.C9340

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: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9321

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 21 / 69  
(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)  
SOUTHWEST AIRLINES PILOTS ASSOC. PAC

Mailing Address 1450 Empire Central Dr., Suite 737

City State Zip Code  
Dallas TX 75247

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: 60728.C9029

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)  
STOEL RIVES PAC

Mailing Address 101 S. Capitol Blvd. Ste. 1900

City State Zip Code  
Boise ID 83702

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61012.C9460

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)  
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 Glenlake Parkway, N. E.

City State Zip Code  
Atlanta GA 30328

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: 61007.C9276

Amount of Each Receipt this Period  
1500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 69
	<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)  
UNITED RENTALS, INC. PAC

Mailing Address 5 Terri Lane Ste. 1

City State Zip Code  
Burlington NJ 08016

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 03 / 2006

Transaction ID: 61007.C9269

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
UNITED STATES BEET SUGAR ASSOC PAC

Mailing Address 1156 15th Street, NW, Ste. 1019

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9312

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)  
US ONCOLOGY, INC. GOOD GOVERNMENT COMM

Mailing Address 16825 Northcase Drive

City State Zip Code  
Houston TX 77060

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: 60728.C9025

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) ..... ▶ **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 69
	<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**

Full Name (Last, First, Middle Initial) <b>A. WASHINGTON GROUP INTERNATIONAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address 2345 Crystal Drive Suite 708		Transaction ID: 60728.C9030
City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00097550</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Washington Group International Occupation Chairman	Election Cycle-to-Date 6000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON GROUP INTERNATIONAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 2345 Crystal Drive Suite 708		Transaction ID: 61007.C9128
City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 3500.00	
FEC ID number of contributing federal political committee. <b>C C00097550</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Washington Group International Occupation Chairman	Election Cycle-to-Date 9500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. WATERPAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006
Mailing Address 2915 S. 13th Street		Transaction ID: 61013.C9461
City State Zip Code Duncan OK 73533-9086	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00202184</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 3000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 69
	(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)  
**WESTON SOLUTIONS, INC. PAC**

Mailing Address **1001 Connecticut Ave., N.W., Suite**

City **Washington** State **DC** Zip Code **20036**

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 28 / 2006**

**Transaction ID: 60728.C9024**

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)  
**WILLCO PAC**

Mailing Address **1627 Eye Street NW, Suite 900**

City **Washington** State **DC** Zip Code **20006**

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2006**

**Transaction ID: 61007.C9447**

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9000.00</b>



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**SIMPSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL ALLEN**

Mailing Address **505 Fifth Avenue South, Suite 900**

City **Seattle** State **WA** Zip Code **98104**

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

Name of Employer **Self-employed** Occupation **Self-employed**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 30 / 2006**

**Transaction ID: 61007.C9344**

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)  
**STEVEN APPLETON**

Mailing Address **P. O. Box 16650**

City **Boise** State **ID** Zip Code **83715**

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

Name of Employer **Micron** Occupation **CEO**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 06 / 2006**

**Transaction ID: 61007.C9120**

Amount of Each Receipt this Period  
**2100.00**

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

**C.** Full Name (Last, First, Middle Initial)  
**CAMERON ARIAL**

Mailing Address **890 Main Street**

City **Boise** State **ID** Zip Code **83702**

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

Name of Employer **ZIONS BANK** Occupation **Government Relations**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 25 / 2006**

**Transaction ID: 61007.C9267**

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) ..... ► **5100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JOANNE ARNOLD

Mailing Address 3766 E. Vantage Pointe Lane

City State Zip Code  
Meridian ID 83642

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

Name of Employer Occupation  
Micron Vice President - Human Resourc

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9124

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)  
ROBERT ATKINSON

Mailing Address P. O. Box 1929

City State Zip Code  
Sun Valley ID 83353

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

Name of Employer Occupation  
Harper Assoc., Inc. Publishing

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61007.C9401

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
DEL BAIN

Mailing Address 4951 Jordan Lane

City State Zip Code  
Meridian ID 83642-5335

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

Name of Employer Occupation  
Castle Creek Minerals Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61007.C9386

Amount of Each Receipt this Period  
150.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 69
	<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

Full Name (Last, First, Middle Initial) <b>A. KIPP BEDARD</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 1961 Silvercreek Ln.		Transaction ID: 61007.C9126
City State Zip Code Boise ID 83706	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Micron Technology, Inc Government Affairs Rep.	Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER BOWLIN</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 1101 16th Street, NW, Suite 500		Transaction ID: 61007.C9332
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Bockorny Petrizzo Government Affairs	Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3350.00	

Full Name (Last, First, Middle Initial) <b>C. BRUCE BRADLEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 174 North 400 West		Transaction ID: 61007.C9196
City State Zip Code Jerome ID 83338	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Microbial-Vac Systems, Inc. Executive	Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
THEODORE BUTZ

Mailing Address 337 Raleigh Rd.

City State Zip Code  
Kenilworth IL 60043

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

Name of Employer Occupation  
FMC Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

Transaction ID: 61007.C9259

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)  
GREGORY CASEY

Mailing Address 4720 Dolphin Lane

City State Zip Code  
Alexandria VA 22309

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

Name of Employer Occupation  
Business-Industry PAC President - CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9320

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)  
NICHOLAS CAVAROCCHI

Mailing Address 316 Pennsylvania Ave., SE, Suite 4

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation  
Cavarocchi, Ruscio Dennis Asso Partner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

3200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9327

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
ELIZABETH CRINER

Mailing Address 5419 Kyle Ave

City State Zip Code  
Boise ID 83704

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

Name of Employer Veritas Advisors Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9122

Amount of Each Receipt this Period  
150.00

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

**B.** Full Name (Last, First, Middle Initial)  
ELIZABETH CRINER

Mailing Address 5419 Kyle Ave

City State Zip Code  
Boise ID 83704

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

Name of Employer Veritas Advisors Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61007.C9436

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
LYN DARRINGTON

Mailing Address 422 Howe St.

City State Zip Code  
Boise ID 83706

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

Name of Employer Regence Blue Shield Of Idaho Occupation Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

Transaction ID: 61007.C9039

Amount of Each Receipt this Period  
150.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
LIZANNE DAVIS

Mailing Address 12850 Highland Road

City Highland State MD Zip Code 20777

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

Name of Employer FMC Occupation Director Fed Govmnt Affairs

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 6 / 2 0 0 6

Transaction ID: 61007.C9262

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)  
MAKAN DELRAHIM

Mailing Address 604 North Carolina Ave. SE

City Washington State DC Zip Code 20003

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

Name of Employer Brownstein, Huatt & Farber Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 6 / 2 0 0 6

Transaction ID: 61007.C9237

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)  
MARK DURCAN

Mailing Address 4850 River Ln

City Boise State ID Zip Code 83706

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

Name of Employer Micron Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 0 6 / 2 0 0 6

Transaction ID: 61007.C9115

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) ..... ► **1200.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 / 69
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
ROY LEWIS EIGUREN

Mailing Address P O BOX 2720

City State Zip Code  
Boise ID 83701

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

Name of Employer Occupation  
Givens Huntley & Pursley Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

Transaction ID: 61007.C9046

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
JAMES ERVIN

Mailing Address 116 Queen St.

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
ETA President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9338

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)  
WILLIAM K FOSTER

Mailing Address 505 Montgomery Lane

City State Zip Code  
Wayne PA 19087-4424

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

Name of Employer Occupation  
FMC Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

Transaction ID: 61007.C9258

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) ..... ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JOHN FULLER

Mailing Address 1817 Edgehill Drive

City State Zip Code  
Alexandria VA 22307

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9328

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)  
KENNETH GARRETT

Mailing Address 1038 Glendevon Drive

City State Zip Code  
Ambler PA 19002

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

Name of Employer FMC Occupation Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

Transaction ID: 61007.C9261

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)  
WILLIAM GLYNN

Mailing Address 4120 Hillcrest Dr.

City State Zip Code  
Boise ID 83705

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

Name of Employer Intermountain Gas Company Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9113

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JOHN GROSSENBACHER

Mailing Address 1900 Parkwood St. Apt. 8208

City State Zip Code  
Idaho Falls ID 83401

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

Name of Employer Occupation  
USN Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9156

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
BLAKE HALL

Mailing Address P. O. Box 51630

City State Zip Code  
Idaho Falls ID 83405

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

Name of Employer Occupation  
Nelson, Anderson & Hall Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9166

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
BART HARWOOD

Mailing Address 606 S. Owyhee St.

City State Zip Code  
Boise ID 83705

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

Name of Employer Occupation  
Self-employed Lawyer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61007.C9437

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) ..... ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JAY HAWKINS

Mailing Address 2726 E. Wildercrest Lane

City State Zip Code  
Boise ID 83706-5700

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

Name of Employer Occupation  
Micron Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9116

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)  
ROBERT IOTTI

Mailing Address 4 Edinburgh Court

City State Zip Code  
Englishtown NJ 07726

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

Name of Employer Occupation  
CH2M Hill Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9169

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
NILS JOHNSON

Mailing Address 4105 Peony Way

City State Zip Code  
Fairfax VA 22033

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

Name of Employer Occupation  
Self-employed Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
850.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9337

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) ..... ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JASON KREIZENBECK

Mailing Address 1701 N. 25th Street

City State Zip Code  
Boise ID 83703

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

Name of Employer Occupation  
Micron Director Fed Govmnt Affairs

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9125

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)  
RODERIC LEWIS

Mailing Address 2308 N. Ram Ave.

City State Zip Code  
Eagle ID 83616

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

Name of Employer Occupation  
Micron Technology, Inc VP of Legal Affairs

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

Transaction ID: 61007.C9044

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)  
WARREN MCCAIN

Mailing Address 3980 N. Hackberry Way

City State Zip Code  
Boise ID 83702

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: 61007.C9287

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) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 / 69
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
KENNETH MCCLURE

Mailing Address 9440 W. Pebblecreek Lane

City State Zip Code  
Boise ID 83703

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

Name of Employer Occupation  
Givens Pursley LLP Attorney/Consultant

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: 61007.C9298

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL McINTYRE

Mailing Address 9527 Riverside Drive

City State Zip Code  
Boise ID 83714-6704

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

Name of Employer Occupation  
Micron Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9112

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
LEANNE MEDEMA

Mailing Address 383 Tapitio

City State Zip Code  
Idaho Falls ID 83401-6346

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

Name of Employer Occupation  
LMITCO Administrator

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9195

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
RICHARD MERRILL

Mailing Address 1649 Beth Street

City State Zip Code  
Pocatello ID 83201

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

Name of Employer Occupation  
J.K. Merrill Co. President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61012.C9455

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)  
ARNOLD MITCHEM

Mailing Address 3901 Woodlawn Road

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Occupation  
Council-Opportunity in Ed President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9326

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)  
DEE MK MOONEY

Mailing Address 490 W. Kodiak Drive

City State Zip Code  
Meridian ID 83642

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

Name of Employer Occupation  
Micron Executive Director

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

Transaction ID: 61007.C9041

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**SIMPSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT NAGEL**

Mailing Address **324 12th**

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

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

Name of Employer **CH2M Hill** Occupation **Engineer**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 06 / 2006**

**Transaction ID: 61007.C9181**

Amount of Each Receipt this Period  
**50.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**B. C. NEWCOMB**

Mailing Address **PO Box 757**

City **Burley** State **ID** Zip Code **83318**

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

Name of Employer **Self-employed** Occupation **Farmer**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2006**

**Transaction ID: 61007.C9249**

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)  
**ALLEN NOBLE**

Mailing Address **P. O. BOX 1582**

City **Boise** State **ID** Zip Code **83715**

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

Name of Employer **Farm Development Corporation** Occupation **Owner**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2006**

**Transaction ID: 61007.C9299**

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) ..... ► **1050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
BILLIE NOBLE

Mailing Address P. O. Box 1582

City State Zip Code  
Boise ID 83715

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: 61007.C9300

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)  
WILLIAM NORRIS

Mailing Address PO Box 148

City State Zip Code  
Sun Valley ID 83353

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

Name of Employer Occupation  
Self-employed Real Estate Agent

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61012.C9454

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)  
TIM PECKINPAUGH

Mailing Address 3206 Wheatland Farms Drive

City State Zip Code  
Oakton VA 22124

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

Name of Employer Occupation  
Preston/Gates/Ellis & Rouvelas Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61012.C9451

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) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JOEL POPPEN

Mailing Address 455 W. Willow Trace Dr.

City Eagle State ID Zip Code 83616

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

Name of Employer Micron Occupation Deputy General Council

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2006

Transaction ID: 61007.C9043

Amount of Each Receipt this Period  
 300.00

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

**B.** Full Name (Last, First, Middle Initial)  
GERALD R PROUT

Mailing Address 6206 Sally Ford Court

City Fairfax Station State VA Zip Code 22039

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

Name of Employer FMC Occupation Vice President, Govt Affairs

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2006

Transaction ID: 61007.C9254

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)  
J. CURTIS RICH

Mailing Address 5213 - 8th Rd. N

City Arlington State VA Zip Code 22205-1203

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

Name of Employer VanNess Occupation Lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2006

Transaction ID: 61007.C9329

Amount of Each Receipt this Period  
 300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
HARRY RINKER

Mailing Address PO Box 7250

City State Zip Code  
Newport Beach CA 92658-7250

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

Name of Employer Self  
Occupation Property Management

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2006

Transaction ID: 61007.C9093

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)  
WILLIAM SCHUTTE

Mailing Address 2912 Tipperary Lane

City State Zip Code  
Idaho Falls ID 83404

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

Name of Employer Self-employed  
Occupation Energy Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

Transaction ID: 61007.C9230

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)  
GENE SHERMAN

Mailing Address 11415 S. Greenbrier

City State Zip Code  
Idaho Falls ID 83404

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

Name of Employer Self-employed  
Occupation Self-employed

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 04 / 2006

Transaction ID: 61012.C9458

Amount of Each Receipt this Period  
200.00

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

PRINT FOR FUNDRAISER

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM MARK SIMMONS

Mailing Address 4306 N. 35th Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Dutko Government Affairs

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
850.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9331

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)  
C. GORDON SIMPSON

Mailing Address 143 N. 100 W.

City State Zip Code  
Blackfoot ID 83221

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

Name of Employer Occupation  
Simpson Dental Dentist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9184

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)  
MICHAEL SMITH

Mailing Address 17 Vernon Lane

City State Zip Code  
Media PA 19063-4220

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

Name of Employer Occupation  
FMC Division Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

Transaction ID: 61007.C9260

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input 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	PAGE 43 / 69
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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
RICHARD SOHN

Mailing Address 62 North River Drive

City State Zip Code  
Roseburg OR 97470

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

Name of Employer Lone Rock Timber Company Occupation Forest Manager/Ed. Asst.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61007.C9393

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)  
KIRIL SOKOLOFF

Mailing Address Mizner Grand #N-504  
400 S.E. 5th Ave.

City State Zip Code  
Boca Raton FL 33432

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

Name of Employer 13D Research Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

Transaction ID: 61007.C9035

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)  
MILTON STEELE

Mailing Address 1735 Market St.

City State Zip Code  
Philadelphia PA 19103-7501

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

Name of Employer FMC Occupation Group Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

Transaction ID: 61007.C9255

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) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 / 69
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
KEITH STEIN

Mailing Address P. O. Box 9367

City State Zip Code  
Boise ID 83707

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

Name of Employer Occupation  
Stein Dist. Co. Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61007.C9438

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
WINIFRED STIVERS

Mailing Address 144 North Juniper

City State Zip Code  
Twin Falls ID 83301

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

Transaction ID: 61007.C9245

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)  
J. KIRK SULLIVAN

Mailing Address 5206 Sorrento Circle

City State Zip Code  
Boise ID 83704

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 61007.C9118

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) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JAY SULLIVAN

Mailing Address 6120 Vernon Terrace

City State Zip Code  
Alexandria VA 22307-1151

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

Name of Employer Jamison & Associates Occupation Self-employed

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9330

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)  
GERALD 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 GIS Enterprises, Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9335

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)  
STEVEN SYMMS

Mailing Address 517 C St. NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Self-employed Occupation Political Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61007.C9322

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) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
GLEN TAIT

Mailing Address 5 Tifton Court

City Potomac State MD Zip Code 20854

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

Name of Employer Battelle Ghersy Alliance Occupation Government Relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1525.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2006

Transaction ID: 61007.C9153

Amount of Each Receipt this Period  
 25.00

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

**B.** Full Name (Last, First, Middle Initial)  
GLEN TAIT

Mailing Address 5 Tifton Court

City Potomac State MD Zip Code 20854

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

Name of Employer Battelle Ghersy Alliance Occupation Government Relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2025.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2006

Transaction ID: 61007.C9325

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)  
ANDREA UTECHT

Mailing Address 414 Millcreek Rd.

City Gladwyne State PA Zip Code 19035

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

Name of Employer FMC Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2006

Transaction ID: 61007.C9256

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) ..... ► **1025.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 / 69
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
GARTH VAN ORDEN

Mailing Address 1487 Parkway Drive

City State Zip Code  
Blackfoot ID 83221

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

Name of Employer Occupation  
Self-employed Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

Transaction ID: 61007.C9229

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)  
MARYANN WALTER

Mailing Address 1735 Market Street

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

Transaction ID: 61012.C9459

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM WALTER

Mailing Address 1735 Market Street

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation  
FMC President - CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

Transaction ID: 61007.C9253

Amount of Each Receipt this Period  
1700.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**SIMPSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID WESTERGARD**

Mailing Address **2932 E. Wildercrest Lane**

City **Boise** State **ID** Zip Code **83706**

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

Name of Employer **Micron Technology, Inc** Occupation **Attorney**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 30 / 2006**

**Transaction ID: 61007.C9224**

Amount of Each Receipt this Period  
**250.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL WILSON**

Mailing Address **1480 Treeline Drive**

City **Malvern** State **PA** Zip Code **19355-9703**

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

Name of Employer **FMC** Occupation **Manager**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 26 / 2006**

**Transaction ID: 61007.C9257**

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)  
**JAMES WOGSLAND**

Mailing Address **9675 East St.**

City **Hayden** State **ID** Zip Code **83835**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 30 / 2006**

**Transaction ID: 61007.C9362**

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>38325.00</b>



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. ADA COUNTY REPUBLICAN PARTY</b>		<b>Transaction ID: 61012.E3604</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address P. O. Box 1572		Amount of Each Disbursement this Period 500.00
City Boise State ID Zip Code 83701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>VOTER GUIDES</b>	
Purpose of Disbursement VOTER GUIDES		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		State: District:

Full Name (Last, First, Middle Initial) <b>B. ADA COUNTY ROUND-UP</b>		<b>Transaction ID: 61012.E3627</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address PO Box 1572		Amount of Each Disbursement this Period 650.00
City Boise State ID Zip Code 83714-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>TROLLEY SPONSORSHIP</b>	
Purpose of Disbursement TROLLEY SPONSORSHIP		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		State: District:

Full Name (Last, First, Middle Initial) <b>C. ALLIED ENVELOPE</b>		<b>Transaction ID: 61012.E3628</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 525 E. 42nd Street		Amount of Each Disbursement this Period 771.75
City Boise State ID Zip Code 83714-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>OFFICE SUPPLIES</b>	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1921.75</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 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

<b>A. AT&amp;T</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. BOX 78225 City Phoenix State AZ Zip Code 85062-8225 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61012.E3622 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 304.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
--	--	---

<b>B. BANK OF COMMERCE</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 1702 City Idaho Falls State ID Zip Code 83403- Purpose of Disbursement BANK CHARGES 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) ▼		<b>Transaction ID:</b> 61012.E3639 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6 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 BANK CHARGES
--	--	---

<b>C. BANK OF COMMERCE</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 1702 City Idaho Falls State ID Zip Code 83403- Purpose of Disbursement FUTA 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) ▼		<b>Transaction ID:</b> 61012.E3607 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 6.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUTA
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	396.16
<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

Full Name (Last, First, Middle Initial) <b>A. BANK OF COMMERCE</b>		<b>Transaction ID:</b> 61012.E3640 Date of Disbursement
Mailing Address P. O. Box 1702		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Idaho Falls	State ID	Zip Code 83403-
Purpose of Disbursement BANKCARD FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="85.00"/>
Candidate Name	Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>BANKCARD FEES</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BANK OF COMMERCE</b>		<b>Transaction ID:</b> 61012.E3641 Date of Disbursement
Mailing Address P. O. Box 1702		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City Idaho Falls	State ID	Zip Code 83403-
Purpose of Disbursement BANKCARD FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="85.00"/>
Candidate Name	Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>BANKCARD FEES</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CORDEVALLE LODGING</b>		<b>Transaction ID:</b> 61012.E3631 Date of Disbursement
Mailing Address		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City San Martin	State CA	Zip Code 95046-
Purpose of Disbursement FUNDRAISER TOURNAMENT	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3459.01"/>
Candidate Name	Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>FUNDRAISER TOURNAMENT</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3629.01"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. EDGE WIRELESS</b>		<b>Transaction ID:</b> 61012.E3630 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 5207		Amount of Each Disbursement this Period 51.65
City Portland State OR Zip Code 97208-5207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	CELL PHONE
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. IDAHO COMMERCE AND LABOR</b>		<b>Transaction ID:</b> 61012.E3606 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address 317 W. Main St.		Amount of Each Disbursement this Period 13.36
City Boise State ID Zip Code 83735-0610	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SUTA	Candidate Name	SUTA
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. IDAHO FALLS ARTS COUNCIL</b>		<b>Transaction ID:</b> 61012.E3616 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 498 A STREET		Amount of Each Disbursement this Period 250.00
City Idaho Falls State ID Zip Code 83402-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EIRMC CONCERT SPONSOR	Candidate Name	EIRMC CONCERT SPONSOR
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	315.01
<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

Full Name (Last, First, Middle Initial) <b>A. INTERMOUNTAIN SIGNS</b>		<b>Transaction ID:</b> 61012.E3605 Date of Disbursement
Mailing Address 8488 Overland Road		<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City Boise	State ID	Zip Code 83709-
Purpose of Disbursement CAMPAIGN SIGNS		Amount of Each Disbursement this Period <input type="text" value="7003.50"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type CAMPAIGN SIGNS	

Full Name (Last, First, Middle Initial) <b>B. LYNK SYSTEMS</b>		<b>Transaction ID:</b> 61012.E3633 Date of Disbursement
Mailing Address 600 Morgan Falls Rd., Ste. 260		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City Atlanta	State GA	Zip Code 30350-
Purpose of Disbursement BANKCARD FEES		Amount of Each Disbursement this Period <input type="text" value="30.00"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type BANKCARD FEES	

Full Name (Last, First, Middle Initial) <b>C. LYNK SYSTEMS</b>		<b>Transaction ID:</b> 61012.E3634 Date of Disbursement
Mailing Address 600 Morgan Falls Rd., Ste. 260		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City Atlanta	State GA	Zip Code 30350-
Purpose of Disbursement BANKCARD FEES		Amount of Each Disbursement this Period <input type="text" value="30.00"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type BANKCARD FEES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7063.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

Full Name (Last, First, Middle Initial) <b>A. LYNK SYSTEMS</b>		<b>Transaction ID: 61012.E3635</b> Date of Disbursement 09 / 05 / 2006
Mailing Address 600 Morgan Falls Rd., Ste. 260		Amount of Each Disbursement this Period 30.00
City Atlanta State GA Zip Code 30350-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANKCARD FEES	Candidate Name	BANKCARD FEES
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. LEE A. McCORMICK</b>		<b>Transaction ID: 61012.E3619</b> Date of Disbursement 08 / 03 / 2006
Mailing Address 5213 Hadlock Ct.		Amount of Each Disbursement this Period 1015.85
City Boise State ID Zip Code 83703-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. LEE A. McCORMICK</b>		<b>Transaction ID: 61012.E3620</b> Date of Disbursement 09 / 01 / 2006
Mailing Address 5213 Hadlock Ct.		Amount of Each Disbursement this Period 1929.87
City Boise State ID Zip Code 83703-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2975.72</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 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

Full Name (Last, First, Middle Initial) <b>A. LEE A. McCORMICK</b>		<b>Transaction ID: 61012.E3621</b> Date of Disbursement 09 / 11 / 2006
Mailing Address 5213 Hadlock Ct.		Amount of Each Disbursement this Period 277.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Boise State ID Zip Code 83703-	Purpose of Disbursement SALARY 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) ▼	SALARY

Full Name (Last, First, Middle Initial) <b>B. QWEST</b>		<b>Transaction ID: 61012.E3614</b> Date of Disbursement 07 / 25 / 2006
Mailing Address P. O. Box 5508		Amount of Each Disbursement this Period 169.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bismarck State ND Zip Code 58506-	Purpose of Disbursement TELEPHONE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE

Full Name (Last, First, Middle Initial) <b>C. QWEST</b>		<b>Transaction ID: 61012.E3615</b> Date of Disbursement 08 / 21 / 2006
Mailing Address P. O. Box 5508		Amount of Each Disbursement this Period 247.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bismarck State ND Zip Code 58506-	Purpose of Disbursement TELEPHONE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE

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

694.56

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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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

Full Name (Last, First, Middle Initial) <b>A. CHALICE ROY</b>		<b>Transaction ID: 61012.E3609</b> Date of Disbursement MM / DD / YYYY 07 / 27 / 2006
Mailing Address 7849 Middy Lane		Amount of Each Disbursement this Period 1703.36
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	Candidate Name	FUNDRAISING RETAINER
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. CHALICE ROY</b>		<b>Transaction ID: 61012.E3610</b> Date of Disbursement MM / DD / YYYY 09 / 11 / 2006
Mailing Address 7849 Middy Lane		Amount of Each Disbursement this Period 2000.00
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	Candidate Name	FUNDRAISING RETAINER
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. GENE SHERMAN</b>		<b>Transaction ID: 61012.C94581K</b> Date of Disbursement MM / DD / YYYY 09 / 04 / 2006
Mailing Address 11415 S. Greenbrier		Amount of Each Disbursement this Period 200.00
City Idaho Falls State ID Zip Code 83404-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINT FOR FUNDRAISER	Candidate Name	IN KIND: PRINT FOR FUNDRAISER
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3903.36</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

Full Name (Last, First, Middle Initial) <b>A. AMY SORENSEN</b>		Transaction ID: 61012.E3597 Date of Disbursement 07 / 17 / 2006
Mailing Address 522 West 75 South		Amount of Each Disbursement this Period 211.54
City Blackfoot State ID Zip Code 83221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PARADE SUPPLIES AND TRAVEL		PARADE SUPPLIES AND 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. AMY SORENSEN</b>		Transaction ID: 61012.E3598 Date of Disbursement 07 / 27 / 2006
Mailing Address 522 West 75 South		Amount of Each Disbursement this Period 370.00
City Blackfoot State ID Zip Code 83221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REPUBLICAN CONVENTION FEES		REPUBLICAN CONVENTION 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. AMY SORENSEN</b>		Transaction ID: 61012.E3599 Date of Disbursement 08 / 03 / 2006
Mailing Address 522 West 75 South		Amount of Each Disbursement this Period 1477.60
City Blackfoot State ID Zip Code 83221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY		SALARY
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2059.14
<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

Full Name (Last, First, Middle Initial) <b>A. AMY SORENSEN</b>		Transaction ID: 61012.E3600 Date of Disbursement 08 / 29 / 2006
Mailing Address 522 West 75 South		Amount of Each Disbursement this Period 415.96
City Blackfoot State ID Zip Code 83221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PARADE SUPPLIES FREIGHT & MILEAGE	Candidate Name	PARADE SUPPLIES FREIGHT & MILEAGE
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. AMY SORENSEN</b>		Transaction ID: 61012.E3601 Date of Disbursement 09 / 01 / 2006
Mailing Address 522 West 75 South		Amount of Each Disbursement this Period 1477.60
City Blackfoot State ID Zip Code 83221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. AMY SORENSEN</b>		Transaction ID: 61012.E3602 Date of Disbursement 09 / 05 / 2006
Mailing Address 522 West 75 South		Amount of Each Disbursement this Period 214.77
City Blackfoot State ID Zip Code 83221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PARADE EXPENSES	Candidate Name	PARADE EXPENSES
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2108.33
<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 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

Full Name (Last, First, Middle Initial) <b>A. LORI A. TERRLINK</b>		<b>Transaction ID: 61012.E3596</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 1408 W. Colleville Ct.		Amount of Each Disbursement this Period 258.58
City Eagle State ID Zip Code 83616-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY Candidate Name	Category/Type	SALARY
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. THE CELLAR</b>		<b>Transaction ID: 61012.E3629</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 3520 E. 17th Street		Amount of Each Disbursement this Period 1230.00
City Idaho Falls State ID Zip Code 83406-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER CATERING Candidate Name	Category/Type	FUNDRAISER 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. TWIN FALLS CHAMBER OF COMMERCE</b>		<b>Transaction ID: 61012.E3603</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 858 BLue Lakes Blvd. N.		Amount of Each Disbursement this Period 110.00
City Twin Falls State ID Zip Code 83301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEMBERSHIP DUES Candidate Name	Category/Type	MEMBERSHIP DUES
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1598.58
<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 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

Full Name (Last, First, Middle Initial) <b>A. US TREASURY</b>		<b>Transaction ID:</b> 61012.E3608 Date of Disbursement 07 / 27 / 2006
Mailing Address		Amount of Each Disbursement this Period 122.40
City Austin	State TX	Zip Code 73301-
Purpose of Disbursement PAYROLL TAXES	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>PAYROLL TAXES</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. VAN ORDEN, LUND &amp; CANNON</b>		<b>Transaction ID:</b> 61012.E3617 Date of Disbursement 08 / 03 / 2006
Mailing Address 1487 Parkway Drive		Amount of Each Disbursement this Period 2395.00
City Blackfoot	State ID	Zip Code 83221-
Purpose of Disbursement ACCOUNTING SERVICES	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>ACCOUNTING SERVICES</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. VAN ORDEN, LUND &amp; CANNON</b>		<b>Transaction ID:</b> 61012.E3618 Date of Disbursement 09 / 01 / 2006
Mailing Address 1487 Parkway Drive		Amount of Each Disbursement this Period 1795.00
City Blackfoot	State ID	Zip Code 83221-
Purpose of Disbursement ACCOUNTING SERVICES	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>ACCOUNTING SERVICES</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4312.40</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 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

Full Name (Last, First, Middle Initial) <b>A. WATTS ADVISORS, INC.</b>		Transaction ID: 61012.E3611 Date of Disbursement MM / DD / YYYY 07 / 25 / 2006
Mailing Address 12382 W. Nancee Dr.		Amount of Each Disbursement this Period 1663.81
City Boise State ID Zip Code 83709-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN ADMIN/PARADE EXPENSES		CAMPAIGN ADMIN/PARADE EXPENSES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. WATTS ADVISORS, INC.</b>		Transaction ID: 61012.E3612 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006
Mailing Address 12382 W. Nancee Dr.		Amount of Each Disbursement this Period 1868.22
City Boise State ID Zip Code 83709-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN ADMIN/FUNDRAISING EXPENSES		CAMPAIGN ADMIN/FUNDRAISING EXPENSES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. WATTS ADVISORS, INC.</b>		Transaction ID: 61012.E3613 Date of Disbursement MM / DD / YYYY 09 / 11 / 2006
Mailing Address 12382 W. Nancee Dr.		Amount of Each Disbursement this Period 50000.00
City Boise State ID Zip Code 83709-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEDIA BUY		MEDIA BUY
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	53532.03
<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 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

Full Name (Last, First, Middle Initial) <b>A. WESTMARK</b>		Transaction ID: 61012.E3642 Date of Disbursement 07 / 17 / 2006	
Mailing Address P. O. Box 2869		Amount of Each Disbursement this Period 2151.31	
City Idaho Falls State ID Zip Code 83403-	Purpose of Disbursement SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	SEE BELOW	

Full Name (Last, First, Middle Initial) <b>B. CHEVRON</b>		Transaction ID: 61012.E3647 Date of Disbursement 07 / 17 / 2006	
Mailing Address		Amount of Each Disbursement this Period 48.25	
City Blackfoot State ID Zip Code 83221-	Purpose of Disbursement TRAVEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL	

Full Name (Last, First, Middle Initial) <b>C. CONGRESSIONAL CLUB</b>		Transaction ID: 61012.E3649 Date of Disbursement 07 / 17 / 2006	
Mailing Address 2001 New Hampshire Ave., NW		Amount of Each Disbursement this Period 960.00	
City Washington State DC Zip Code 20009-	Purpose of Disbursement FUNDRAISER AUCTION ITEMS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	<b>[MEMO ITEM]</b> MEMO: FUNDRAISER AUCTION ITEMS	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2151.31
<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 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

Full Name (Last, First, Middle Initial) <b>A. EASTERN ID TECH COLLEGE</b>		Transaction ID: 61012.E3644 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address		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
City Idaho Falls	State ID	
Zip Code 83401-	Purpose of Disbursement SPONSOR GOLF HOLE FOR TOURNAMENT	[MEMO ITEM] MEMO: SPONSOR GOLF HOLE FOR TOURNAMENT
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. HERTZ RENT-A-CAR</b>		Transaction ID: 61012.E3646 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 106.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Springs	State CA	
Zip Code 92262-	Purpose of Disbursement CAR RENTAL	[MEMO ITEM] MEMO: CAR RENTAL
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. NINTH &amp; BANNOCK GARAGE</b>		Transaction ID: 61012.E3645 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address P. O. Box 2781		Amount of Each Disbursement this Period 149.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Boise	State ID	
Zip Code 83701-	Purpose of Disbursement PARKING	[MEMO ITEM] MEMO: PARKING
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 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

Full Name (Last, First, Middle Initial) <b>A. U S POSTMASTER</b>		Transaction ID: 61012.E3655 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 155.60
City Boise	State ID ID	
Zip Code 83707-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                  District:		

Full Name (Last, First, Middle Initial) <b>B. REPUBLIC STORAGE</b>		Transaction ID: 61012.E3650 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 394.00
City Boise	State ID ID	
Zip Code 83702-	Purpose of Disbursement ANNUAL STORAGE FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: ANNUAL STORAGE FEE
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                  District:		

Full Name (Last, First, Middle Initial) <b>C. STUDIO III PHOTOGRAPHY</b>		Transaction ID: 61012.E3652 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 47.25
City Boise	State ID ID	
Zip Code 83702-	Purpose of Disbursement FILIMING FOR COMMERCIALS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FILIMING FOR COMMERCIALS
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                  District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# 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. UPS</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P. O. BOX 505820</p>		<p><b>Transaction ID:</b> 61012.E3651 <b>Date of Disbursement</b> MM / DD / YYYY 07 / 17 / 2006</p>
<p>City Las Vegas State NV Zip Code 88905-5820</p>	<p>Amount of Each Disbursement this Period 38.45</p>	
<p>Purpose of Disbursement FREIGHT</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p><b>[MEMO ITEM]</b> MEMO: FREIGHT</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B. WESTMARK</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 2869</p>		<p><b>Transaction ID:</b> 61012.E3643 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 12 / 2006</p>
<p>City Idaho Falls State ID Zip Code 83403-</p>	<p>Amount of Each Disbursement this Period 6979.88</p>	
<p>Purpose of Disbursement SEE BELOW</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>SEE BELOW</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>C. CLARK AND CHRISTOPHER ADVERTISING</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address</p>		<p><b>Transaction ID:</b> 61012.E3665 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 12 / 2006</p>
<p>City Port Charlotte State FL Zip Code 33952-</p>	<p>Amount of Each Disbursement this Period 1229.30</p>	
<p>Purpose of Disbursement PRINTED BAGS</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p><b>[MEMO ITEM]</b> MEMO: PRINTED BAGS</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>6979.88</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

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Transaction ID: 61012.E3658 Date of Disbursement 09 / 12 / 2006	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	430.53
Memphis	TN	38118-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FREIGHT		Category/Type	<b>[MEMO ITEM]</b> MEMO: FREIGHT
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. IDAHO FALLS CHAMBER OF COMMERCE</b>		Transaction ID: 61012.E3663 Date of Disbursement 09 / 12 / 2006	
Mailing Address P. O. Box 50498		Amount of Each Disbursement this Period	
City	State	Zip Code	245.00
Idaho Falls	ID	83405-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DUES		Category/Type	<b>[MEMO ITEM]</b> MEMO: DUES
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. NINTH &amp; BANNOCK GARAGE</b>		Transaction ID: 61012.E3659 Date of Disbursement 09 / 12 / 2006	
Mailing Address P. O. Box 2781		Amount of Each Disbursement this Period	
City	State	Zip Code	65.00
Boise	ID	83701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PARKING		Category/Type	<b>[MEMO ITEM]</b> MEMO: PARKING
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 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

Full Name (Last, First, Middle Initial) <b>A. OFFICE MAX</b>		Transaction ID: 61012.E3661 Date of Disbursement 09 / 12 / 2006
Mailing Address 1515 Blue Lakes Blvd.		Amount of Each Disbursement this Period 106.41
City Twin Falls State ID Zip Code 83301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. U S POSTMASTER</b>		Transaction ID: 61012.E3656 Date of Disbursement 09 / 12 / 2006
Mailing Address		Amount of Each Disbursement this Period 936.00
City Boise State ID Zip Code 83707-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: POSTAGE
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. RED LION PARK CENTER</b>		Transaction ID: 61012.E3660 Date of Disbursement 09 / 12 / 2006
Mailing Address		Amount of Each Disbursement this Period 134.24
City Idaho Falls State ID Zip Code 83401-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: LODGING
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 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

Full Name (Last, First, Middle Initial)  
**A. STUDIO III PHOTOGRAPHY**

Mailing Address

City Boise State ID Zip Code 83702-

Purpose of Disbursement  
FILIMING FOR COMMERCIALS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 61012.E3654  
Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

2095.02

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

**[MEMO ITEM]**

MEMO: FILIMING FOR COMMERCIALS

Full Name (Last, First, Middle Initial)  
**B. THE CELLAR**

Mailing Address 3520 E. 17th Street

City Idaho Falls State ID Zip Code 83406-

Purpose of Disbursement  
FUNDRAISER CATERING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 61012.E3662  
Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

300.00

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

**[MEMO ITEM]**

MEMO: FUNDRAISER CATERING

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

0.00

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

93640.74

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)  
**A. NRCC BATTLEGROUND**

Transaction ID: 61012.E3632  
Date of Disbursement

Mailing Address 320 First Street, S.E.

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	6

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

100000.00
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Purpose of Disbursement  
TRANSFER OF EXCESS CAMPAIGN FUNDS

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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: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

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

100000.00
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**TOTAL** This Period (last page this line number only) ..... ►

100000.00
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