

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1487 PARKWAY DRIVE  
 Check if different than previously reported. (ACC)  
BLACKFOOT ID 83221

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 10 01 2007 through 12 31 2007

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 01 31 2008

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

Office Use Only **FEC FORM 3** (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

SIMPSON FOR CONGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	64100.00	247587.78
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	64100.00	247587.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	46908.05	187708.38
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	46908.05	187708.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	107371.25	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
 SIMPSON FOR CONGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**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).....

22050.00

73737.78

(ii) Unitemized.....

2850.00

4650.00

(iii) TOTAL of contributions

24900.00

78387.78

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

39200.00

169200.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

64100.00

247587.78

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

64100.00

247587.78

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	46908.05	187708.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	15000.00	40000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	1000.00	10000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	62908.05	237708.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	106179.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	64100.00
25. SUBTOTAL (add Line 23 and Line 24).....	170279.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	62908.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	107371.25

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b>		<b>Candidate ID Number</b>	
MICHAEL SIMPSON		H8ID02064	
<b>Name of Principal Campaign Committee</b>		<b>Committee ID Number</b>	
SIMPSON FOR CONGRESS		<b>C</b> C00331397	
<b>Committee Address</b>			
1487 PARKWAY DRIVE			
<b>City</b>	<b>State</b>	<b>ZIP</b>	
BLACKFOOT	ID	83221-	
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election			
	<b>Primary</b>	<b>General</b>	
1. Gross receipts of authorized committees .....	228187.78	19400.00	
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions .....	228187.78	19400.00	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 53
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) AMERICAN ACADEMY OF DERMATOLOGY ASSOC	Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 1350 I Street, NW, Suite 870	<b>Transaction ID:</b> 80130.C10068
	City State Zip Code Washington DC 20005-3305	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00359539	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) AMERICAN ACADEMY PEDIATRIC DENTISTRY PA	Date of Receipt MM / DD / YYYY 10 / 23 / 2007
	Mailing Address 211 E. Chicago Ave., #700	<b>Transaction ID:</b> 80107.C9977
	City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00365965	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) AMERICAN ASSOCIATION OF ORAL AND	Date of Receipt MM / DD / YYYY 10 / 03 / 2007
	Mailing Address MAXILLOFACIAL SURGEONS PAC 9700 West Bryn Mawr Ave.	<b>Transaction ID:</b> 71004.C9923
	City State Zip Code Des Plaines IL 60018	Amount of Each Receipt this Period .00
	FEC ID number of contributing federal political committee. <b>C</b> C00005660	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 53
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN BANKERS ASSOCIATION PAC Mailing Address 1120 Connecticut Ave., N.W. City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. <b>C</b> C00004275 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 80130.C10043 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	4	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	4	/	2	0	0	7														
1000.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN DENTAL PAC Mailing Address 1111 - 14th Street, NW, Suite 1100 City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 80130.C10057 Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	4	/	2	0	0	7	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	4	/	2	0	0	7														
2500.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN HOSPITAL ASSOC. PAC Mailing Address 325 Seventh Street, N.W. City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 80130.C10062 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	7	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	2	7	/	2	0	0	7														
1000.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN WHOLESALE MARKETERS WHOLE-PAC  
Mailing Address 11280-016TH St., NW.  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 200.00  
Date of Receipt 12 / 27 / 2007  
Transaction ID: 80130.C10061  
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)  
AT&T INC FEDERAL PAC  
Mailing Address 175 E. Houston, Rm. 7-A-50  
City San Antonio State TX Zip Code 78205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt 12 / 27 / 2007  
Transaction ID: 80130.C10063  
Amount of Each Receipt this Period 2000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
CREDIT UNION LEG. ACT. COUN. (CULAC)  
Mailing Address 601 Pennsylvania Ave, NW  
South Building, Suite 600  
City Washington State DC Zip Code 20004-2601  
FEC ID number of contributing federal political committee. **C** C00007880  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 12 / 27 / 2007  
Transaction ID: 80130.C10059  
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) ..... ► 3200.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 / 53
(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**

<b>A.</b>	Full Name (Last, First, Middle Initial) FORD MOTOR COMPANY CIVIC ACTION FUND		Date of Receipt
	Mailing Address The American Road		<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d
	City State Zip Code Dearborn MI 48121		<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
	FEC ID number of contributing federal political committee. <b>C</b> C00046474		Transaction ID: 80130.C10065
	Name of Employer Occupation		Amount of Each Receipt this Period 1000.00
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) HOTEL PAC		Date of Receipt
	Mailing Address 1201 New York Ave. Ste. 600		<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d
	City State Zip Code Washington DC 20005		<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 80130.C10058
	Name of Employer Occupation		Amount of Each Receipt this Period 1000.00
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) J. R. SIMPLOT COMPANY PAC		Date of Receipt
	Mailing Address P. O. Box 27		<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d
	City State Zip Code Boise ID 83707		<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 80130.C10048
	Name of Employer Occupation		Amount of Each Receipt this Period 1000.00
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	Receipt <input type="checkbox"/> 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 53  
(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)  
JACK PAC  
Mailing Address PO Box 14  
City Buffalo State NY Zip Code 14205-0014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt 10 / 23 / 2007  
Transaction ID: 80107.C9973  
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)  
NATIONAL BEER WHOLESALERS ASSOC. PAC  
Mailing Address 1101 King St. 600  
City Alexandria State VA Zip Code 22314-2965  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 10 / 24 / 2007  
Transaction ID: 80107.C10020  
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)  
NATIONAL TELECOMMUNICATIONS COOP ASSOC  
Mailing Address 4121 Wilson Blvd., 10th Floor  
City Arlington State VA Zip Code 22203  
FEC ID number of contributing federal political committee. **C** C00004473  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 12 / 31 / 2007  
Transaction ID: 80130.C10072  
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) ..... ► 6500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 11 / 53
-------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) NAWG WHEATPAC	Date of Receipt MM / DD / YYYY 10 / 24 / 2007
	Mailing Address 415 2nd Street, NE, No. 300	<b>Transaction ID:</b> 80107.C10022
	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) NCPA PAC	Date of Receipt MM / DD / YYYY 10 / 23 / 2007
	Mailing Address 206 Daingerfield Rd.	<b>Transaction ID:</b> 80107.C9975
	City State Zip Code Alexandria VA 22314	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) NRA-POLITICAL VICTORY FUND	Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 11250 Waples Mill Road	<b>Transaction ID:</b> 80130.C10067
	City State Zip Code Fairfax VA 22030-7400	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 53  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
OLDCASTLE MATERIALS INC PAC

Mailing Address 101 Constitution Ave. NW Ste 660w

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 23 / 2007

Transaction ID: 80107.C9974

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)  
OMSPAC

Mailing Address 9700 W. Bryn Mawr Avenue

City Des Plaines State IL Zip Code 60018

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 10 / 24 / 2007

Transaction ID: 80107.C10019

Amount of Each Receipt this Period 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
POTLATCH EMPLOYEES POLITICAL FUND

Mailing Address 601 W. Riverside Ave Ste. 1100

City Spokane State WA Zip Code 99201

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 04 / 2007

Transaction ID: 80130.C10042

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
QWEST PAC

Mailing Address 5325 Zuni St. Room 724

City State Zip Code  
Denver CO 80221

FEC ID number of contributing federal political committee. **C** C00184374

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 80107.C10021

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)  
SONNENSCHN PAC

Mailing Address 1301 K Street NW, Suite 600, East

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 7

**Transaction ID:** 80130.C10051

Amount of Each Receipt this Period  
1500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
THE PAC FOR THE EMPLOYEES OF THE REGENCE

Mailing Address GROUP IN ID, OR, UT & WASH  
700 12th Street NW, Suite 700

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 7 / 2 0 0 7

**Transaction ID:** 80130.C10060

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) ..... ► **4500.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
THE PAC FOR THE EMPLOYEES OF THE REGENCE

Mailing Address GROUP IN ID, OR, UT & WASH  
700 12th Street NW, Suite 700

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 12 / 31 / 2007  
**Transaction ID:** 80130.C10070  
 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)  
THE WILLIAMS COMPANIES, INC. PAC

Mailing Address 1627 I 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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2007  
**Transaction ID:** 80130.C10071  
 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 SERVIC INC. PAC

Mailing Address 55 Glenlake Parkway, N. E.

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 12 / 04 / 2007  
**Transaction ID:** 80130.C10056  
 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) ..... ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 53
	(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)  
UNITED PARCEL SERVIC INC. PAC

Mailing Address 55 Glenlake Parkway, N. E.

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 12 / 04 / 2007

Transaction ID: 80130.C10050

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)  
WESTON PAC

Mailing Address 1001 Connecticut Ave. NW, Suite 12

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 27 / 2007

Transaction ID: 80130.C10064

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) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	39200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) DEXTER BARNES		Date of Receipt
	Mailing Address 2520 Westmont Way W.		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Seattle	WA	98199-3720
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-employed		Occupation Dentist	<b>Transaction ID:</b> 80107.C9987
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="500.00"/>	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) C. A. BATES		Date of Receipt
	Mailing Address 17815-176th Ave., N.E/		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Woodinville	WA	98072
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Homemaker		Occupation Homemaker	<b>Transaction ID:</b> 80107.C10023
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="375.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="375.00"/>	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) C. A. BATES		Date of Receipt
	Mailing Address 17815-176th Ave., N.E/		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Woodinville	WA	98072
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Homemaker		Occupation Homemaker	<b>Transaction ID:</b> 80107.C9993
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="475.00"/>	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="975.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 53  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
J. D. BATES

Mailing Address 17815-176th Ave. N.E.

City State Zip Code  
Woodinville WA 98072

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

Name of Employer Self-employed Occupation Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 80107.C9992

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
J. D. BATES

Mailing Address 17815-176th Ave. N.E.

City State Zip Code  
Woodinville WA 98072

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

Name of Employer Self-employed Occupation Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 80107.C9991

Amount of Each Receipt this Period  
375.00

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

**C.** Full Name (Last, First, Middle Initial)  
STEVEN M. BRUCE

Mailing Address 7878 Ustick Rd.

City State Zip Code  
Boise ID 83704

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

Name of Employer Baypointe Dental Center Occupation Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 80107.C10011

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) ..... ► **975.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 53  
(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)  
NICHOLAS G. 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 Partner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 70705.C9801

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)  
ELIZABETH K. 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 Occupation  
Veritas Advisors Consultant

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: 80130.C10047

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)  
RICHARD A. CRINZI

Mailing Address 15955 NE 85th Street, Ste 104

City State Zip Code  
Redmond WA 98052

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

Name of Employer Occupation  
Self-employed Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 80107.C9979

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) MOWBRAY DAVIDSON	Date of Receipt MM / DD / YYYY 12 / 04 / 2007
	Mailing Address 109 S. 9th Street PO Box 1404	<b>Transaction ID:</b> 80130.C10052
	City State Zip Code Boise ID 83701	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 Tom Grainey's Sporting Pub Occupation Owner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL EGGNATZ	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 17190 Arvida Parkway	<b>Transaction ID:</b> 80107.C10032
	City State Zip Code Weston FL 33326	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self-employed Occupation Dentist Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MARK J. FELDMAN	Date of Receipt MM / DD / YYYY 10 / 24 / 2007
	Mailing Address 5 Vanad Dr.	<b>Transaction ID:</b> 80107.C9985
	City State Zip Code Roslyn NY 11576-2526	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 Self-employed Occupation Dentist Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 20 / 53 (check only one)
<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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) KATHLEEN B. FORD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7
	Mailing Address 3620 Quesada St. NW		Transaction ID: 80107.C10016
	City Washington	State DC	Zip Code 20015-2538
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer American Dental Assoc.		Occupation Political Affairs Director
Receipt For: 2008 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) GEORGE FORSCHLER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 7
	Mailing Address PO Box 53		Transaction ID: 80130.C10049
	City Keswick	State VA	Zip Code 22947-0053
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Forschler & Associates		Occupation President
Receipt For: 2008 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN B. FULLER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
	Mailing Address 1817 Edgehill Drive		Transaction ID: 80107.C9971
	City Alexandria	State VA	Zip Code 22307
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Retired		Occupation Retired
Receipt For: 2008 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	Receipt <input type="checkbox"/> 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 53  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
WILLIAM GLECOS

Mailing Address 3408 State St.

City State Zip Code  
Erie PA 16508

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

Name of Employer Self-employed Occupation  
Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 80107.C9980

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)  
JOEL F. GLOVER

Mailing Address 1195 W. Peckham Lane

City State Zip Code  
Reno NV 89509

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

Name of Employer Self-employed Occupation  
Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 80107.C10015

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)  
PAUL A. GOSAR

Mailing Address 2222 E. Cedar Ave.

City State Zip Code  
Flagstaff AZ 86004

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

Name of Employer Self-employed Occupation  
Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 80107.C9982

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 53  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
MICHAEL A. GRAHAM

Mailing Address 10242 Parkwood Dr.

City State Zip Code  
Kensington MD 20895

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

Name of Employer Occupation  
Self-employed Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 80107.C9997

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)  
BRYCE HARLOW

Mailing Address 1812 Solitare Ln.

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer Occupation  
Timmons And Company Vice-President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 80107.C9969

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)  
CAROL HOLDING

Mailing Address P. O. Box 98

City State Zip Code  
Cody WY 82414-0098

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

Name of Employer Occupation  
Sinclair Oil Corp. Owner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: 80130.C10046

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3300.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 53  
(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)  
R E HOLDING  
Mailing Address P. O. Box 98  
City State Zip Code  
Cody WY 82414-0098  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Sinclair Oil Corp. Owner  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2300.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7  
Transaction ID: 80130.C10045  
Amount of Each Receipt this Period  
2300.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
LISA PETER HOWARD  
Mailing Address 16 Rivers Edge Dr.  
City State Zip Code  
Kennebunk ME 04043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self-employed Dentist  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 150.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7  
Transaction ID: 80107.C10024  
Amount of Each Receipt this Period  
150.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
LISA PETER HOWARD  
Mailing Address 16 Rivers Edge Dr.  
City State Zip Code  
Kennebunk ME 04043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self-employed Dentist  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7  
Transaction ID: 80107.C10025  
Amount of Each Receipt this Period  
100.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2550.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 53  
(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)  
JOSEPH R. KENNEALLY

Mailing Address 16 Rivers Edge Dr.

City State Zip Code  
Kennebunk ME 04043

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

Name of Employer Self-employed Occupation Dentist

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

Amount of Each Receipt this Period: 150.00

Transaction ID: 80107.C10026

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

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH R. KENNEALLY

Mailing Address 16 Rivers Edge Dr.

City State Zip Code  
Kennebunk ME 04043

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

Name of Employer Self-employed Occupation Dentist

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

Amount of Each Receipt this Period: 100.00

Transaction ID: 80107.C10027

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

**C.** Full Name (Last, First, Middle Initial)  
JACK D. KLURE

Mailing Address 110 E. Ustick Road

City State Zip Code  
Boise ID 83701

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

Name of Employer MAPLE GROVE DENTISTRY Occupation Dentist

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

Amount of Each Receipt this Period: 500.00

Transaction ID: 80130.C10066

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 53  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
ALEX LABEAU  
Mailing Address 1338 E Fall Ct  
City State Zip Code  
Boise ID 83706  
FEC ID number of contributing federal political committee. **C**  
Name of Employer IAI Commerce Occupation Executive Director  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt: 12 / 04 / 2007  
Transaction ID: 80130.C10053  
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)  
RONALD B. MEAD  
Mailing Address PO Box 1026  
City State Zip Code  
Santa Margarita CA 93453  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CDA Occupation President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt: 10 / 24 / 2007  
Transaction ID: 80107.C9989  
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)  
LARRY W. NISSEN  
Mailing Address 2424 Willowbrook Road  
City State Zip Code  
Merritt Island FL 32952  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Dentist  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt: 10 / 24 / 2007  
Transaction ID: 80107.C10008  
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL R. REYNOLDSON	Date of Receipt MM / DD / YYYY 12 / 04 / 2007
	Mailing Address 2025 Warm Springs Ave.	<b>Transaction ID:</b> 80130.C10044
	City State Zip Code Boise ID 83712	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 Republican National Committee	Occupation Regional Field Representative	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) SHEILA SORENSEN	Date of Receipt MM / DD / YYYY 12 / 04 / 2007
	Mailing Address 1229 E. Brightwater Lane	<b>Transaction ID:</b> 61024.C9594
	City State Zip Code Boise ID 83701-0873	Amount of Each Receipt this Period 500.00
	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 State of Idaho	Occupation State Legislator	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN M. SOUTHWORTH	Date of Receipt MM / DD / YYYY 10 / 25 / 2007
	Mailing Address 5530 Emerald Street	<b>Transaction ID:</b> 80130.C10073
	City State Zip Code Boise ID 83706	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 Southworth Associates, LLC	Occupation Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 53  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
MATTHEW J. STOLL

Mailing Address 2278 E. Comisky St.

City State Zip Code  
MERIDIAN ID 83646

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

Name of Employer Occupation  
Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: 80130.C10054

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)  
JAY R. 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 Occupation  
Jamison & Associates Self-employed

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 80107.C9972

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)  
GERALD E. SWIGGETT

Mailing Address 7720 Desdemona Ct.

City State Zip Code  
Mc Lean VA 22102

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

Name of Employer Occupation  
GIS Enterprises, Inc. President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80130.C10069

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) ..... ▶ **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 53  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
RONALD L. TANKERSLEY

Mailing Address 1404 Riversedge Rd.

City State Zip Code  
Newport News VA 23606

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

Name of Employer Self-employed Occupation Dentist

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 80107.C9990

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)  
GUS CHRIS VLAHOS

Mailing Address PO Box 1379

City State Zip Code  
Dublin VA 24084-1379

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

Name of Employer Self-employed Occupation Dentist

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 80107.C9983

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 V. WALKER

Mailing Address 20725 Snag Island Dr.

City State Zip Code  
LAKE TAPPS WA 98391

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

Name of Employer Self-employed Occupation Dentist

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 80107.C9988

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 53
	<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)  
JAMES F. WALTON III

Mailing Address 7019 McBride Pt.

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Self-employed Occupation Dentist

Receipt For: 2008 Election Cycle-to-Date

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 80107.C9984

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)  
KATHY WAT

Mailing Address 38149 Martha Ave.

City State Zip Code  
Fremont CA 94536

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

Name of Employer CALDPAC Occupation Chair

Receipt For: 2008 Election Cycle-to-Date

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 80107.C10018

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)  
DEBRAH J. WORSHAM

Mailing Address 215 Hurst St.

City State Zip Code  
Center TX 75935

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

Name of Employer Self-employed Occupation Dentist

Receipt For: 2008 Election Cycle-to-Date

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 80107.C9981

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) ..... ► **22050.00**

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

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

FOR LINE NUMBER:  
(check only one)

<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address P. O. BOX 78225 <hr/> City Phoenix State AZ Zip Code 85062-8225 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3995 Date of Disbursement 10 / 03 / 2007 <hr/> Amount of Each Disbursement this Period 36.53 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TELEPHONE
<b>B.</b>	Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address P. O. BOX 78225 <hr/> City Phoenix State AZ Zip Code 85062-8225 <hr/> Purpose of Disbursement Phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3996 Date of Disbursement 11 / 02 / 2007 <hr/> Amount of Each Disbursement this Period 41.96 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE
<b>C.</b>	Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address P. O. BOX 78225 <hr/> City Phoenix State AZ Zip Code 85062-8225 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3997 Date of Disbursement 12 / 04 / 2007 <hr/> Amount of Each Disbursement this Period 39.20 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TELEPHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	117.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: 80130.E3998 Date of Disbursement 12 / 27 / 2007
	Mailing Address P. O. BOX 78225	Amount of Each Disbursement this Period 36.44
	City Phoenix State AZ Zip Code 85062-8225	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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

B.	Full Name (Last, First, Middle Initial) BANK OF COMMERCE	Transaction ID: 80130.E4015 Date of Disbursement 10 / 02 / 2007
	Mailing Address P. O. Box 1702	Amount of Each Disbursement this Period 85.00
	City Idaho Falls State ID Zip Code 83403-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bankcard fees 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) ▼
		BANKCARD FEES

C.	Full Name (Last, First, Middle Initial) BANK OF COMMERCE	Transaction ID: 80130.E4014 Date of Disbursement 11 / 02 / 2007
	Mailing Address P. O. Box 1702	Amount of Each Disbursement this Period 85.00
	City Idaho Falls State ID Zip Code 83403-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bankcard fees 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) ▼
		BANKCARD FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	206.44
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) <b>BANK OF COMMERCE</b> <hr/> Mailing Address P. O. Box 1702 <hr/> City Idaho Falls State ID Zip Code 83403- <hr/> Purpose of Disbursement Bankcard fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E4013 Date of Disbursement 12 / 03 / 2007 <hr/> Amount of Each Disbursement this Period 85.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>BANKCARD FEES</b>
B.	Full Name (Last, First, Middle Initial) <b>CAPITOL HILL CLUB</b> <hr/> Mailing Address 300 1st Street SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Food for fundraiser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3974 Date of Disbursement 10 / 03 / 2007 <hr/> Amount of Each Disbursement this Period 336.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>FOOD FOR FUNDRAISER</b>
C.	Full Name (Last, First, Middle Initial) <b>CAPITOL HILL CLUB</b> <hr/> Mailing Address 300 1st Street SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Food for fundraiser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3973 Date of Disbursement 10 / 16 / 2007 <hr/> Amount of Each Disbursement this Period 310.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>FOOD FOR FUNDRAISER</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>731.61</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB Mailing Address 300 1st Street SE City Washington State DC Zip Code 20003- Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3975 Date of Disbursement 11 / 12 / 2007 Amount of Each Disbursement this Period 338.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CATERING
B.	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB Mailing Address 300 1st Street SE City Washington State DC Zip Code 20003- Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3976 Date of Disbursement 12 / 27 / 2007 Amount of Each Disbursement this Period 269.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CATERING
C.	Full Name (Last, First, Middle Initial) CRANE CREEK COUNTRY CLUB Mailing Address 500 West Curling Drive City Boise State ID Zip Code 83702- Purpose of Disbursement Fundraiser green fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E4003 Date of Disbursement 11 / 12 / 2007 Amount of Each Disbursement this Period 1459.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISER GREEN FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2066.86
<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

A.	Full Name (Last, First, Middle Initial) EDGE WIRELESS  Mailing Address PO Box 5207  City Portland State OR Zip Code 97208-5207  Purpose of Disbursement Cell phone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3990 Date of Disbursement 10 / 03 / 2007  Amount of Each Disbursement this Period 50.76  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CELL PHONE
B.	Full Name (Last, First, Middle Initial) EDGE WIRELESS  Mailing Address PO Box 5207  City Portland State OR Zip Code 97208-5207  Purpose of Disbursement Cell phone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3991 Date of Disbursement 10 / 25 / 2007  Amount of Each Disbursement this Period 49.24  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CELL PHONE
C.	Full Name (Last, First, Middle Initial) EDGE WIRELESS  Mailing Address PO Box 5207  City Portland State OR Zip Code 97208-5207  Purpose of Disbursement Cell phone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3992 Date of Disbursement 12 / 04 / 2007  Amount of Each Disbursement this Period 48.49  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CELL PHONE

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

148.49

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) EDGE WIRELESS Mailing Address PO Box 5207 City Portland State OR Zip Code 97208-5207 Purpose of Disbursement Cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3993 Date of Disbursement 12 / 27 / 2007
	Amount of Each Disbursement this Period 49.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE

<b>B.</b> Full Name (Last, First, Middle Initial) HOFF BUILDING Mailing Address 802 W. Bannock City Boise State ID Zip Code 83702- Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3988 Date of Disbursement 10 / 03 / 2007
	Amount of Each Disbursement this Period 1890.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT

<b>C.</b> Full Name (Last, First, Middle Initial) IDAHO COMMERCE AND LABOR Mailing Address 317 W. Main St. City Boise State ID Zip Code 83735-0610 Purpose of Disbursement SUTA Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3994 Date of Disbursement 10 / 16 / 2007
	Amount of Each Disbursement this Period 11.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SUTA

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

1950.37

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
LYNK SYSTEMS

Mailing Address 600 Morgan Falls Rd., Ste. 260

City Atlanta State GA Zip Code 30350-

Purpose of Disbursement

Bankcard fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80130.E4010

Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

33.18

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

BANKCARD FEES

B.

Full Name (Last, First, Middle Initial)  
LYNK SYSTEMS

Mailing Address 600 Morgan Falls Rd., Ste. 260

City Atlanta State GA Zip Code 30350-

Purpose of Disbursement

Bankcard fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80130.E4011

Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

36.44

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

BANKCARD FEES

C.

Full Name (Last, First, Middle Initial)  
LYNK SYSTEMS

Mailing Address 600 Morgan Falls Rd., Ste. 260

City Atlanta State GA Zip Code 30350-

Purpose of Disbursement

Bankcard fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80130.E4012

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

125.00

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

BANKCARD FEES

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

194.62

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.

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

Transaction ID: 80130.E3981  
Date of Disbursement

Mailing Address 5213 Hadlock Ct.

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	7	7

City Boise State ID Zip Code 83703-

Amount of Each Disbursement this Period

277.05
--------

Purpose of Disbursement  
Salary  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

SALARY

B.

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

Transaction ID: 80130.E3982  
Date of Disbursement

Mailing Address 5213 Hadlock Ct.

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

City Boise State ID Zip Code 83703-

Amount of Each Disbursement this Period

277.05
--------

Purpose of Disbursement  
Salary  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

SALARY

C.

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

Transaction ID: 80130.E3983  
Date of Disbursement

Mailing Address 5213 Hadlock Ct.

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	7	7

City Boise State ID Zip Code 83703-

Amount of Each Disbursement this Period

277.05
--------

Purpose of Disbursement  
Salary  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

SALARY

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

831.15

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.

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

Mailing Address

City Boise State ID Zip Code 83707-

Purpose of Disbursement

Postage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80130.E4004

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

41.00

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

POSTAGE

B.

Full Name (Last, First, Middle Initial)  
QWEST

Mailing Address P. O. Box 5508

City Bismarck State ND Zip Code 58506-

Purpose of Disbursement

Telephone

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80130.E3999

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

167.17

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

TELEPHONE

C.

Full Name (Last, First, Middle Initial)  
QWEST

Mailing Address P. O. Box 5508

City Bismarck State ND Zip Code 58506-

Purpose of Disbursement

Phone

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80130.E4000

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

176.37

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

PHONE

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

384.54

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
QWEST

Mailing Address P. O. Box 5508

City Bismarck State ND Zip Code 58506-

Purpose of Disbursement

Phone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80130.E4001

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

167.16

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

PHONE

B.

Full Name (Last, First, Middle Initial)  
QWEST

Mailing Address P. O. Box 5508

City Bismarck State ND Zip Code 58506-

Purpose of Disbursement

Phone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80130.E4002

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

167.14

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

PHONE

C.

Full Name (Last, First, Middle Initial)  
CHALICE ROY

Mailing Address 7849 Middy Lane

City Alexandria State VA Zip Code 22306-

Purpose of Disbursement

Fundraising Retainer and expenses

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80130.E3984

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

2333.69

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

FUNDRAISING RETAINER AND EXPENSES

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

2667.99

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 40 / 53

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) CHALICE ROY</p> <p>Mailing Address 7849 Middy Lane</p> <p>City Alexandria State VA Zip Code 22306-</p> <p>Purpose of Disbursement Fundraising Retainer and expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80130.E3985 <b>Date of Disbursement</b> 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 2164.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>FUNDRAISING RETAINER AND EXPENSES</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CHALICE ROY</p> <p>Mailing Address 7849 Middy Lane</p> <p>City Alexandria State VA Zip Code 22306-</p> <p>Purpose of Disbursement Fundraising retainer &amp; blast faxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80130.E3986 <b>Date of Disbursement</b> 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 2156.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>FUNDRAISING RETAINER &amp; BLAST FAXES</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CHALICE ROY</p> <p>Mailing Address 7849 Middy Lane</p> <p>City Alexandria State VA Zip Code 22306-</p> <p>Purpose of Disbursement Fundraising retainer-blast faxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80130.E3987 <b>Date of Disbursement</b> 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2335.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>FUNDRAISING RETAINER-BLAST FAXES</b></p>

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

6656.33

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) UPS Mailing Address P. O. BOX 505820 City Las Vegas State NV Zip Code 88905-5820 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E4005 Date of Disbursement 12 / 04 / 2007 Amount of Each Disbursement this Period 20.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FREIGHT
B.	Full Name (Last, First, Middle Initial) VAN ORDEN, LUND & CANNON Mailing Address 1487 Parkway Drive City Blackfoot State ID Zip Code 83221- Purpose of Disbursement Accounting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3970 Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 995.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING SERVICES
C.	Full Name (Last, First, Middle Initial) VAN ORDEN, LUND & CANNON Mailing Address 1487 Parkway Drive City Blackfoot State ID Zip Code 83221- Purpose of Disbursement Accounting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E3971 Date of Disbursement 11 / 02 / 2007 Amount of Each Disbursement this Period 2685.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING SERVICES

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

3700.35

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

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

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221-

Purpose of Disbursement  
Accounting services  
Candidate Name

Category/  
Type

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

Transaction ID: 80130.E3972  
Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Amount of Each Disbursement this Period

695.00

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

ACCOUNTING SERVICES

**B.** Full Name (Last, First, Middle Initial)  
WATTS ADVISORS, INC.

Mailing Address 5216 Watersedge

City Boise State ID Zip Code 83714-

Purpose of Disbursement  
Campaign Administration -phone-supp  
Candidate Name

Category/  
Type

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

Transaction ID: 80130.E3977  
Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Amount of Each Disbursement this Period

735.00

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

CAMPAIGN ADMINISTRATION -  
PHONE-SUPP

**C.** Full Name (Last, First, Middle Initial)  
WATTS ADVISORS, INC.

Mailing Address 5216 Watersedge

City Boise State ID Zip Code 83714-

Purpose of Disbursement  
Campaing admin-Fundraiser shirts  
Candidate Name

Category/  
Type

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

Transaction ID: 80130.E3979  
Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Amount of Each Disbursement this Period

6288.70

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

CAMPAING ADMIN-FUNDRAISER  
SHIRTS

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

7718.70

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
WATTS ADVISORS, INC.

Transaction ID: 80130.E3980  
Date of Disbursement

Mailing Address 5216 Watersedge

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	7

City Boise State ID Zip Code 83714-

Amount of Each Disbursement this Period

790.29
--------

Purpose of Disbursement  
Campaign admin-printer-cell phone  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

CAMPAIGN ADMIN-PRINTER-CELL PHONE

B.

Full Name (Last, First, Middle Initial)  
WESTMARK

Transaction ID: 80130.E4008  
Date of Disbursement

Mailing Address P. O. Box 2869

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

City Idaho Falls State ID Zip Code 83403-

Amount of Each Disbursement this Period

9717.07
---------

Purpose of Disbursement  
See Below  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

SEE BELOW

C.

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

Transaction ID: 80131.E4046  
Date of Disbursement

Mailing Address

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

City Seattle State WA Zip Code 98168-

Amount of Each Disbursement this Period

109.40
--------

Purpose of Disbursement  
Staff travel to event  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**[MEMO ITEM]**  
MEMO: STAFF TRAVEL TO EVENT

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

10507.36
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
BYU IDAHO AUXILIARIES

Mailing Address

City Rexburg State ID Zip Code 83440-

Purpose of Disbursement  
CATERING

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80131.E4037

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

557.09

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

[MEMO ITEM]

MEMO: CATERING

B.

Full Name (Last, First, Middle Initial)  
BROULIMS

Mailing Address

City Driggs State ID Zip Code 83422-

Purpose of Disbursement  
SUPPLIES FOR FUNDRAISER

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80131.E4034

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

317.16

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

[MEMO ITEM]

MEMO: SUPPLIES FOR FUNDRAISER

C.

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

Mailing Address Harts Field, Atlanta National Airp

City Atlanta State GA Zip Code 30320-

Purpose of Disbursement  
Spouse Travel to ADA

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80131.E4045

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

563.60

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

[MEMO ITEM]

MEMO: SPOUSE TRAVEL TO ADA

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
FLORAL ART

Mailing Address

City Idaho Falls State ID Zip Code 83401-

Purpose of Disbursement

Flowers for Fundraiser

Candidate Name

Category/Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80131.E4038

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

478.35

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

[MEMO ITEM]

MEMO: FLOWERS FOR FUNDRAISER

B.

Full Name (Last, First, Middle Initial)  
FRED-MEYER

Mailing Address

City Boise State ID Zip Code 83702-

Purpose of Disbursement  
SUPPLIES FOR FUNDRAISER

Candidate Name

Category/Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80131.E4036

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

335.07

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

[MEMO ITEM]

MEMO: SUPPLIES FOR FUNDRAISER

C.

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

Mailing Address

City Idaho Falls State ID Zip Code 83402-

Purpose of Disbursement  
Travel

Candidate Name

Category/Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80131.E4025

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

118.87

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

[MEMO ITEM]

MEMO: TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
IDAHO FALLS CHAMBER OF COMMERCE

Mailing Address P. O. Box 50498

City Idaho Falls State ID Zip Code 83405-

Purpose of Disbursement  
Dues

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80131.E4024

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

245.00

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

**[MEMO ITEM]**  
MEMO: DUES

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

Mailing Address

City San Francisco State CA Zip Code 94115-

Purpose of Disbursement  
ADA Convention Lodging

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80131.E4039

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

4270.00

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

**[MEMO ITEM]**  
MEMO: ADA CONVENTION LODGING

**C.** Full Name (Last, First, Middle Initial)  
NINTH & BANNOCK GARAGE

Mailing Address P. O. Box 2781

City Boise State ID Zip Code 83701-

Purpose of Disbursement  
Parking

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80131.E4028

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

100.00

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

**[MEMO ITEM]**  
MEMO: PARKING

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) SIGNATURE PARTY RENTAL  Mailing Address  City Idaho Falls State ID Zip Code 83402-  Purpose of Disbursement EQUIPMENT RENTAL FOR FUNDRAISER Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80131.E4032 Date of Disbursement 10 / 01 / 2007  Amount of Each Disbursement this Period 310.40  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: EQUIPMENT RENTAL FOR FUNDRAISER
B.	Full Name (Last, First, Middle Initial) REPUBLIC STORAGE  Mailing Address  City Boise State ID Zip Code 83702-  Purpose of Disbursement Campaign storage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80131.E4023 Date of Disbursement 10 / 01 / 2007  Amount of Each Disbursement this Period 210.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: CAMPAIGN STORAGE
C.	Full Name (Last, First, Middle Initial) SHADY NOOK RESTAURANT  Mailing Address  City Salmon State ID Zip Code 83467-  Purpose of Disbursement CATERING FOR COMMUNITY MTG Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80131.E4035 Date of Disbursement 10 / 01 / 2007  Amount of Each Disbursement this Period 291.22  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: CATERING FOR COMMUN- ITY MTG

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

0.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.

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

Mailing Address P. O. Box 6100

City State Zip Code  
Amf Ohare IL 60666-0100

Purpose of Disbursement  
Staff travel to ADA

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80131.E4047  
Date of Disbursement

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

Amount of Each Disbursement this Period

649.88
--------

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

[MEMO ITEM]

MEMO: STAFF TRAVEL TO ADA

B.

Full Name (Last, First, Middle Initial)  
VINO ROSSO

Mailing Address

City State Zip Code  
Idaho Falls ID 83404-

Purpose of Disbursement  
CATERING FOR FUNDRAISER

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80131.E4033  
Date of Disbursement

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

Amount of Each Disbursement this Period

674.35
--------

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

[MEMO ITEM]

MEMO: CATERING FOR FUNDRAISER

C.

Full Name (Last, First, Middle Initial)  
WESTMARK

Mailing Address P. O. Box 2869

City State Zip Code  
Idaho Falls ID 83403-

Purpose of Disbursement  
See Below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80130.E4007  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	7

Amount of Each Disbursement this Period

8594.38
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

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

8594.38
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) CRANE CREEK COUNTRY CLUB	Transaction ID: 80131.E4043 Date of Disbursement 10 / 25 / 2007
	Mailing Address 500 West Curling Drive	Amount of Each Disbursement this Period 3900.00
	City Boise State ID Zip Code 83702-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraiser green fees	<b>[MEMO ITEM]</b> MEMO: FUNDRAISER GREEN FEES
	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) ▼

B.	Full Name (Last, First, Middle Initial) GET N GO	Transaction ID: 80131.E4026 Date of Disbursement 10 / 25 / 2007
	Mailing Address	Amount of Each Disbursement this Period 51.79
	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 Travel	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	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) ▼

C.	Full Name (Last, First, Middle Initial) MARRIOTT	Transaction ID: 80131.E4040 Date of Disbursement 10 / 25 / 2007
	Mailing Address	Amount of Each Disbursement this Period 3614.48
	City San Francisco State CA Zip Code 94115-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement ADA Convention Expense	<b>[MEMO ITEM]</b> MEMO: ADA CONVENTION EXPENSE
	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) ▼

<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)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
NINTH & BANNOCK GARAGE

Mailing Address P. O. Box 2781

City Boise State ID Zip Code 83701-

Purpose of Disbursement  
Parking

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80131.E4029

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

150.00

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

**[MEMO ITEM]**  
MEMO: PARKING

B.

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

Mailing Address

City Boise State ID Zip Code 83707-

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80131.E4042

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

369.00

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

**[MEMO ITEM]**  
MEMO: POSTAGE

C.

Full Name (Last, First, Middle Initial)  
STAPLES

Mailing Address

City Boise State ID Zip Code 83706-

Purpose of Disbursement  
Office supplies & equipment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80131.E4041

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

237.87

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

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

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
WESTMARK

Mailing Address P. O. Box 2869

City Idaho Falls State ID Zip Code 83403-

Purpose of Disbursement  
See Below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80130.E4006

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

351.67

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

SEE BELOW

B.

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

Mailing Address

City Seattle State WA Zip Code 98168-

Purpose of Disbursement  
Spouse travel to event

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80131.E4044

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

238.80

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

[MEMO ITEM]

MEMO: SPOUSE TRAVEL TO EV-  
ENT

C.

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

Mailing Address

City Idaho Falls State ID Zip Code 83402-

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80131.E4027

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

30.42

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

[MEMO ITEM]

MEMO: TRAVEL

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

351.67

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

46828.55

**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

A.

Full Name (Last, First, Middle Initial)  
NRCC

Mailing Address 320 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
Transfer of excess campaign funds

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80131.E4020

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

15000.00

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

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

15000.00

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

15000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
OHIO FIVE VICTORY COMMITTEE

Mailing Address 300 N. Main

City Bowling Green State OH Zip Code 43402-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: 80131.E4021

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		1	5		2	0	0	7

Amount of Each Disbursement this Period

1000.00
---------

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

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

1000.00

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

1000.00