

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period 05 04 2006 through 06 30 2006

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

Signature of Treasurer Electronically Filed by T. LAYNE VAN ORDEN Date 10 23 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

SIMPSON FOR CONGRESS

Report Covering the Period:

From:

M	M
0	5

D	D
0	4

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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)).....	52692.00	325868.46
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	52692.00	324868.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	21501.89	240822.32
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	629.36
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21501.89	240192.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	191679.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
SIMPSON FOR CONGRESS

Report Covering the Period: From:

M	M
0	5

D	D
0	4

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

8450.00

72636.46

(ii) Unitemized.....

350.00

2840.00

(iii) TOTAL of contributions

8800.00

75476.46

from individuals..... ▶

392.00

392.00

(b) Political Party Committees.....

43500.00

250000.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

52692.00

325868.46

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

629.36

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

0.00

0.00

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

52692.00

326497.82

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21501.89	240822.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	15000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS.....	2000.00	9000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	23501.89	265822.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	162489.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	52692.00
25. SUBTOTAL (add Line 23 and Line 24).....	215181.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23501.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	191679.91

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 31
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. AMALGAMATED SUGAR
 Full Name (Last, First, Middle Initial)
 Mailing Address **3184 Elder Street**
 City **Boise** State **ID** Zip Code **83705**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2006
Transaction ID: 60712.C9014
 Amount of Each Receipt this Period
1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. AMERICAN ASSOC OF NURSE ANESTHETISTS
 Full Name (Last, First, Middle Initial)
 Mailing Address **412 First Street, SE Suite 12**
 City **Washington** State **DC** Zip Code **20003**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2006
Transaction ID: 60712.C8990
 Amount of Each Receipt this Period
1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. AMERICAN COLLEGE OF CARDIOLOGY PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address **9111 Old Georgetown Road**
 City **Bethesda** State **MD** Zip Code **20814-1616**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 11 / 2006
Transaction ID: 60511.C8977
 Amount of Each Receipt this Period
1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 31
	<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)
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. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 60712.C9012

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)
AMERICAN SUGAR CANE LEAGUE PAC

Mailing Address P. O. Box Drawer 938

City Thibodaux State LA Zip Code 70302

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 60522.C8986

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN SUGARBEET GROWERS ASSN. PAC

Mailing Address 1156 - 15th Street, NW, Suite 1101

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167684

Name of Employer American Sugarbeet Growers Occupation Treasurer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 8 / 2 0 0 6

Transaction ID: 60518.C8983

Amount of Each Receipt this Period
 2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 31
	<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)
ARENTE FOX PLLC PAC

Mailing Address 1050 Connecticut Avenue, NW, Suit

City Washington State DC Zip Code 20036-5339

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2006

Transaction ID: 60712.C9017

Amount of Each Receipt this Period
 2000.00

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

B. Full Name (Last, First, Middle Initial)
BUILD PAC-NATIONAL HOME BUILDERS

Mailing Address 1201 15th Street N.W.

City Washington State DC Zip Code 20005-2800

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 20 / 2006

Transaction ID: 60522.C8985

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)
CALIFORNIA DAIRIES FEDERAL PAC

Mailing Address PO Box 2198

City Los Banos State CA Zip Code 93635-2198

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2006

Transaction ID: 60712.C9020

Amount of Each Receipt this Period
 2500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	9500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<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)
DAVIS WRIGHT PAC

Mailing Address **1500 K St., NW Ste. 450**

City **Washington** State **DC** Zip Code **20005**

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 16 / 2006

Transaction ID: 60712.C8995

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)
DEALERS ELECTION ACTION COMM OF

Mailing Address **NATIONAL AUTOMOBILE DEALERS ASSOCI
8400 Westpark Drive**

City **Mc Lean** State **VA** Zip Code **22102**

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2006

Transaction ID: 60511.C8978

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)
DELOITTE-TOUCHE PAC

Mailing Address **P. O. Box 365**

City **Washington** State **DC** Zip Code **20044-0365**

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 16 / 2006

Transaction ID: 60516.C8982

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **7500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 31
	<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) DEPAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address 10220 N. Executive Hills Blvd.		Transaction ID: 60712.C8989	
City State Zip Code Kansas City MO 64153	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) EMPLOYEES OF NORTHROP GRUMMAN PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address 520 S. Grand Ave., Suite 700		Transaction ID: 60712.C8991	
City State Zip Code Los Angeles CA 90071	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Northrop Grumman Director, Legislative Affairs	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 942 S. Shady Grove Rd.		Transaction ID: 60509.C8933	
City State Zip Code Memphis TN 38132	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 31
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FLORIDA SUGAR CANE LEAGUE PAC

Mailing Address **115 South Lopez Street**

City **Clewiston** State **FL** Zip Code **33440**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	6

Transaction ID: 60712.C9008

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)
GREAT LAKES SUGARBEET GROWERS PAC

Mailing Address **2600 South Euclid Avenue**

City **Bay City** State **MI** Zip Code **48707**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	6

Transaction ID: 60712.C9018

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)
MINN-DAK FARMERS COOPERATIVE PAC

Mailing Address **7525 Red River Road**

City **Wahpeton** State **ND** Zip Code **58075**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	6

Transaction ID: 60712.C9013

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NEA FUND FOR CHILDREN & PUBLIC ED		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 1201 16th Street, N.W., Suite 421		Transaction ID: 60712.C8992
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. REALTORS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 6
Mailing Address 430 N. Michigan Ave.		Transaction ID: 60522.C8984
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. SONNENSCHN PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1301 K Street NW, Suite 600, East		Transaction ID: 60712.C9019
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 31
	<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)
SOUTHERN MINNESOTA BEET SUGAR COOP. PAC

Mailing Address P. O. Box 500

City State Zip Code
Renville MN 56284

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 6

Transaction ID: 60511.C8980

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)
SUGAR CANE GROWERS COOP OF FLORIDA PAC

Mailing Address PO BOX 666

City State Zip Code
Belle Glade FL 33430

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60510.C8976

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)
THE BWX TECHNOLOGIES PAC

Mailing Address 1820 N. Fort Myer Dr., #804

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

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

Transaction ID: 60712.C9007

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) ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 31
	(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)
UST INC EXECUTIVES ADMIN & MANAGERS PAC

Mailing Address 100 West Putnam Ave.

City State Zip Code
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C** C00104851

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2006

Transaction ID: 61023.C9574

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
WASHINGTON GROUP INTERNATIONAL PAC

Mailing Address 2345 Crystal Drive Suite 708

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00097550

Name of Employer Occupation
Washington Group International Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2006

Transaction ID: 60712.C9009

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	43500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 31
	<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)
SCOTT GLYDE

Mailing Address 1065 Zeitler Road

City State Zip Code
Moscow ID 83843-7819

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

Name of Employer Occupation
University of Idaho Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: 60712.C9001

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)
SUSAN DORSEY

Mailing Address 9210 Sycamore Crest Drive

City State Zip Code
Fairfax VA 22031

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

Name of Employer Occupation
Council-Opportunity in Ed Vice-President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: 60712.C8999

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)
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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: 60712.C9016

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 31
	<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. R E HOLDING

Full Name (Last, First, Middle Initial)
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: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: 60712.C9015

Amount of Each Receipt this Period
2000.00

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

B. MAUREEN HOYLER

Full Name (Last, First, Middle Initial)
Mailing Address 512 G St. SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Council-Opportunity in Ed Executive

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

650.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2006

Transaction ID: 60712.C9002

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. DON JOHNSON

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 66

City State Zip Code
Riddle OR 97469

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

Name of Employer Occupation
DR Johnson Lumber Co. President

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

2000.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2006

Transaction ID: 60712.C8993

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) ▶ **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 31
	<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)
ASHOK V JOSHI

Mailing Address 4552 Thousand Oaks Drive

City State Zip Code
Salt Lake City UT 84124

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

Name of Employer Occupation
Ceramatec, Inc. CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60509.C8934

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)
VAN MOBLEY

Mailing Address 409 Heidel Road

City State Zip Code
Thiensville WI 53092

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

Name of Employer Occupation
Concordia University Government Relations Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60510.C8935

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)
NICOLE NORLES

Mailing Address PO Box 91745

City State Zip Code
Washington DC 20090

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

Name of Employer Occupation
Council-Opportunity in Ed Fellow

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: 60712.C9003

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 31
	<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)
ALVIN PHILLIPS

Mailing Address 6253 Shackelford Ter.

City State Zip Code
Alexandria VA 22312

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

Name of Employer Council-Opportunity in Ed
Occupation
Council-Opportunity in Ed Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: 60712.C9000

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)
SUSAN TREBACH

Mailing Address 2041 Westmoreland St.

City State Zip Code
Falls Church VA 22043

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

Name of Employer Council-Opportunity in Ed
Occupation
Council-Opportunity in Ed Vice-President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: 60712.C8998

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)
ANGELICA VIALPANDO

Mailing Address 1220 East West Highway
Blair East Apartments #1022

City State Zip Code
Silver Spring MD 20910

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

Name of Employer Council-Opportunity in Ed
Occupation
Council-Opportunity in Ed Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: 60712.C9004

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	8450.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 31
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" 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)
NRCC BATTLEGROUNDS

Mailing Address 320 First Street, S.E.

City	State	Zip Code
Washington	DC	20003

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

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 392.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 60712.C9021

Amount of Each Receipt this Period
 392.00

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

Blast fax

SUBTOTAL of Receipts This Page (optional)	▶	392.00
TOTAL This Period (last page this line number only)	▶	392.00

**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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ARISTOTLE		Transaction ID: 60712.E3571 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 205 PENNSYLANIA AVE., SE		Amount of Each Disbursement this Period 3250.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SOFTWARE SUPPORT Candidate Name	Category/Type	SOFTWARE SUPPORT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: 60712.E3563 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address P. O. BOX 78225		Amount of Each Disbursement this Period 29.48
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	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: 60712.E3564 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address P. O. BOX 78225		Amount of Each Disbursement this Period 28.45
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	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3307.93
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

Full Name (Last, First, Middle Initial) A. BANK OF COMMERCE		Transaction ID: 60712.E3586 Date of Disbursement
Mailing Address P. O. Box 1702		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
City Idaho Falls	State ID	Zip Code 83403-
Purpose of Disbursement BANK CHARGES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="85.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANK CHARGES
State: District:		

Full Name (Last, First, Middle Initial) B. BANK OF COMMERCE		Transaction ID: 60712.E3588 Date of Disbursement
Mailing Address P. O. Box 1702		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Idaho Falls	State ID	Zip Code 83403-
Purpose of Disbursement BANK CHARGES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="85.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANK CHARGES
State: District:		

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Transaction ID: 60712.E3569 Date of Disbursement
Mailing Address 300 1st Street SE		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20003-
Purpose of Disbursement FOOD FOR FUNDRAISER	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="628.32"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD FOR FUNDRAISER
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="798.32"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Transaction ID: 60712.E3570 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 310.28
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD FOR FUNDRAISER	Candidate Name	FOOD FOR FUNDRAISER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. EDGE WIRELESS		Transaction ID: 60712.E3566 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address PO Box 5207		Amount of Each Disbursement this Period 60.56
City Portland State OR Zip Code 97208-5207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. EDGE WIRELESS		Transaction ID: 60712.E3565 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address PO Box 5207		Amount of Each Disbursement this Period 111.63
City Portland State OR Zip Code 97208-5207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	482.47
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

Full Name (Last, First, Middle Initial) A. LYNK SYSTEMS		Transaction ID: 60712.E3583 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 600 Morgan Falls Rd., Ste. 260		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30350-	Purpose of Disbursement BANKCARD FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANKCARD FEES

Full Name (Last, First, Middle Initial) B. LYNK SYSTEMS		Transaction ID: 60712.E3582 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 600 Morgan Falls Rd., Ste. 260		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30350-	Purpose of Disbursement BANKCARD FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANKCARD FEES

Full Name (Last, First, Middle Initial) C. NRCC BATTLEGROUND		Transaction ID: 60712.C9021IK Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 320 First Street, S.E.		Amount of Each Disbursement this Period 392.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement BLAST FAX 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) ▼	IN KIND: BLAST FAX

SUBTOTAL of Disbursements This Page (optional) ▶	452.00
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)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. QWEST		Transaction ID: 60712.E3555 Date of Disbursement 06 / 02 / 2006
Mailing Address P. O. Box 5508		Amount of Each Disbursement this Period 168.30
City Bismarck State ND Zip Code 58506-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. QWEST		Transaction ID: 60712.E3556 Date of Disbursement 06 / 30 / 2006
Mailing Address P. O. Box 5508		Amount of Each Disbursement this Period 168.30
City Bismarck State ND Zip Code 58506-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CHALICE ROY		Transaction ID: 60712.E3572 Date of Disbursement 06 / 02 / 2006
Mailing Address 7849 Middy Lane		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22306-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING RETAINER	Candidate Name	FUNDRAISING RETAINER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2336.60
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHALICE ROY		Transaction ID: 60712.E3574 Date of Disbursement 06 / 30 / 2006
Mailing Address 7849 Middy Lane		Amount of Each Disbursement this Period 2942.47
City Alexandria State VA Zip Code 22306-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING RETAINER/FAXI & FREIGHT		FUNDRAISING RETAINER/FAXI & 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) ▼	

Full Name (Last, First, Middle Initial) B. SAFEWAY STORE		Transaction ID: 60714.E3594 Date of Disbursement 06 / 07 / 2006
Mailing Address 100 Tennant Ave.		Amount of Each Disbursement this Period 275.85
City Morgan Hill State CA Zip Code 95037-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGES FOR FUNDRAISER		FOOD & BEVERAGES FOR FUND-RAISER
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AMY SORENSEN		Transaction ID: 60712.E3557 Date of Disbursement 06 / 02 / 2006
Mailing Address 522 West 75 South		Amount of Each Disbursement this Period 543.24
City Blackfoot State ID Zip Code 83221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT-PRINTER/FAX MACHINE		REIMBURSEMENT-PRINTER/FAX MACHINE
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3761.56
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMY SORENSEN		Transaction ID: 60712.E3558 Date of Disbursement 06 / 06 / 2006
Mailing Address 522 West 75 South		Amount of Each Disbursement this Period 738.80
City Blackfoot State ID Zip Code 83221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AMY SORENSEN		Transaction ID: 60712.E3559 Date of Disbursement 06 / 30 / 2006
Mailing Address 522 West 75 South		Amount of Each Disbursement this Period 134.91
City Blackfoot State ID Zip Code 83221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONVENTION DECOR & MILEAGE	Candidate Name	CONVENTION DECOR & MILEAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AMY SORENSEN		Transaction ID: 60712.E3560 Date of Disbursement 06 / 30 / 2006
Mailing Address 522 West 75 South		Amount of Each Disbursement this Period 1477.60
City Blackfoot State ID Zip Code 83221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2351.31
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE CLIFFS RESORT		Transaction ID: 60714.E3595 Date of Disbursement
Mailing Address 2757 Shelle Beach Road		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City Pismo Beach	State CA	Zip Code 93449-1602
Purpose of Disbursement LODING FOR FUNDRAISER	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="452.78"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	LODING FOR FUNDRAISER
State: District:		

Full Name (Last, First, Middle Initial) B. VAN ORDEN, LUND & CANNON		Transaction ID: 60712.E3561 Date of Disbursement
Mailing Address 1487 Parkway Drive		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Blackfoot	State ID	Zip Code 83221-
Purpose of Disbursement ACCOUNTING SERVICES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2495.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ACCOUNTING SERVICES
State: District:		

Full Name (Last, First, Middle Initial) C. VAN ORDEN, LUND & CANNON		Transaction ID: 60712.E3562 Date of Disbursement
Mailing Address 1487 Parkway Drive		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City Blackfoot	State ID	Zip Code 83221-
Purpose of Disbursement ACCOUNTING SERVICES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="695.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ACCOUNTING SERVICES
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3642.78"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WATTS ADVISORS, INC.		Transaction ID: 60712.E3567 Date of Disbursement 06 / 02 / 2006	
Mailing Address 12382 W. Nancee Dr.		Amount of Each Disbursement this Period 500.00	
City Boise State ID Zip Code 83709-	Purpose of Disbursement CAMPAIGN ADMINISTRATION Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN ADMINISTRATION	
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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. WATTS ADVISORS, INC.		Transaction ID: 60712.E3568 Date of Disbursement 06 / 30 / 2006	
Mailing Address 12382 W. Nancee Dr.		Amount of Each Disbursement this Period 506.00	
City Boise State ID Zip Code 83709-	Purpose of Disbursement CAMPAIGN ADMIN/LAND FILL FEE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN ADMIN/LAND FILL FEE	
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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. WESTMARK		Transaction ID: 60712.E3575 Date of Disbursement 06 / 30 / 2006	
Mailing Address P. O. Box 2869		Amount of Each Disbursement this Period 3077.42	
City Idaho Falls State ID Zip Code 83403-	Purpose of Disbursement SEE BELOW Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW	
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) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	4083.42
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALASKA AIR		Transaction ID: 60712.E3581	
Mailing Address		Date of Disbursement	
City Seattle		06 / 30 / 2006	
State WA		Amount of Each Disbursement this Period	
Zip Code 98168-		193.60	
Purpose of Disbursement AIR TRAVEL		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		MEMO: AIR TRAVEL	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

Full Name (Last, First, Middle Initial) B. JOANN DOST GOLF		Transaction ID: 60712.E3580	
Mailing Address		Date of Disbursement	
City Pebble Beach		06 / 30 / 2006	
State CA		Amount of Each Disbursement this Period	
Zip Code 93953-		1048.15	
Purpose of Disbursement FEES FOR FUNDRAISER		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		MEMO: FEES FOR FUNDRAISER	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

Full Name (Last, First, Middle Initial) C. NINTH & BANNOCK GARAGE		Transaction ID: 60712.E3579	
Mailing Address P. O. Box 2781		Date of Disbursement	
City Boise		06 / 30 / 2006	
State ID		Amount of Each Disbursement this Period	
Zip Code 83701-		75.00	
Purpose of Disbursement PARKING		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		MEMO: PARKING	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

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

Full Name (Last, First, Middle Initial) A. TORTILLA COAST		Transaction ID: 60712.E3578 Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
Mailing Address 400 First Street, SE		Amount of Each Disbursement this Period 332.75
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING Candidate Name	Category/Type	[MEMO ITEM] MEMO: CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. UNITED AIR		Transaction ID: 60712.E3577 Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
Mailing Address P. O. Box 6100		Amount of Each Disbursement this Period 1100.60
City Amf Ohare State IL Zip Code 60666-0100	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIR TRAVEL Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIR TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. UPS		Transaction ID: 60712.E3576 Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
Mailing Address P. O. BOX 505820		Amount of Each Disbursement this Period 64.80
City Las Vegas State NV Zip Code 88905-5820	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FREIGHT Candidate Name	Category/Type	[MEMO ITEM] MEMO: FREIGHT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	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)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. WILDLIFE WATER COLORS

Mailing Address 11415 Greenbriar

City Idaho Falls State ID Zip Code 83404-

Purpose of Disbursement
PRINTS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60712.E3573

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	6		3	0		2	0	0	6

Amount of Each Disbursement this Period

178.50

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

PRINTS

SUBTOTAL of Disbursements This Page (optional) ►

178.50

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

21394.89

**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

Full Name (Last, First, Middle Initial)

A. SALI FOR CONGRESS

Mailing Address 175 Linke Ct.

City Kuna State ID Zip Code 83634-

Purpose of Disbursement
HOUSE CANDIDATE (ID01)

Candidate Name
WILLIAM T. T SALI

Office Sought: House
 Senate
 President

State: ID District: 01

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 60712.E3591

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00