

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

SIMPSON FOR CONGRESS

ADDRESS (number and street) 1487 PARKWAY DRIVE

Check if different than previously reported. (ACC)

BLACKFOOT ID 83221

2. **FEC IDENTIFICATION NUMBER** C00331397

CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

ID 02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on _____ in the State of _____

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer T. LAYNE VAN ORDEN

Signature of Treasurer Electronically Filed by T. LAYNE VAN ORDEN Date 04 15 2009

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

SIMPSON FOR CONGRESS

Report Covering the Period:

From:

To:

	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)).....	60750.00	60750.00
(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)).....	60750.00	60750.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	30632.03	57013.54
(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)).....	30632.03	57013.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	101695.83	
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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).....

12000.00

12000.00

(ii) Unitemized.....

250.00

250.00

(iii) TOTAL of contributions

12250.00

12250.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

48500.00

48500.00

(d) The Candidate.....

0.00

0.00

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

60750.00

60750.00

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)..... ▶

60750.00

60750.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30632.03	57013.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	50000.00	50000.00
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.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	80632.03	107013.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	121577.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	60750.00
25. SUBTOTAL (add Line 23 and Line 24).....	182327.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	80632.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	101695.83

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 38
(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)
AGC POLITICAL ACTION COMMITTEE
Mailing Address 1957 E Street, NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009

Transaction ID: 90410.C11031

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)
ALASKA AIR GROUP INC. PAC
Mailing Address P. O. Box 68900

City State Zip Code
Seattle WA 98168-0900

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009

Transaction ID: 90410.C11023

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 ACADEMY PEDIATRIC DENTISTRY PA
Mailing Address 211 E. Chicago Ave., #700

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00365965

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2009

Transaction ID: 90410.C10998

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 38
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) AMERICAN CRYSTAL SUGAR COMPANY PAC</p> <p>Mailing Address 101 North Third Street</p> <p>City State Zip Code Moorhead MN 56560</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 5000.00</p>	<p>Date of Receipt 03 / 27 / 2009</p> <p>Transaction ID: 90410.C10989</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) AMERICAN CRYSTAL SUGAR COMPANY PAC</p> <p>Mailing Address 101 North Third Street</p> <p>City State Zip Code Moorhead MN 56560</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 10000.00</p>	<p>Date of Receipt 03 / 27 / 2009</p> <p>Transaction ID: 90410.C10990</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) AMERICAN SHEEP INDUSTRY ASSOCIATION PAC</p> <p>Mailing Address 9785 Maroon Circle, Suite 360</p> <p>City State Zip Code Englewood CO 80112</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 27 / 2009</p> <p>Transaction ID: 90410.C11002</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	10500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 38
(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)
APMA PAC
Mailing Address 9312 Old Georgetown Rd.
City State Zip Code
Bethesda MD 20814-1621
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2009
Transaction ID: 90410.C11020
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
BABCOCK & WILCOX GOOD GOVERNMENT FUND
Mailing Address 1525 Wilson Blvd., Suite 100
City State Zip Code
Arlington VA 22209
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2009
Transaction ID: 90410.C11021
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)
CALIFORNIA DAIRIES FEDERAL PAC
Mailing Address PO Box 2198
City State Zip Code
Los Banos CA 93635-2198
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 5000.00
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009
Transaction ID: 90410.C11040
Amount of Each Receipt this Period
5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 7000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38
(check only one)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
CH2M HILL COMPANIES LTD. PAC

Mailing Address 9191 S. Jamaica St.

City State Zip Code
Englewood CO 80112

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 90410.C11035

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)
CH2M HILL COMPANIES LTD. PAC

Mailing Address 9191 S. Jamaica St.

City State Zip Code
Englewood CO 80112

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 90410.C11026

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)
EMPLOYEES OF NORTHROP GRUMMAN PAC

Mailing Address 520 S. Grand Ave., Suite 700

City State Zip Code
Los Angeles CA 90071

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

Name of Employer Occupation
Northrop Grumman Director, Legislative Affairs

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 90410.C11024

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 / 38			
(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) ENPAC		Date of Receipt MM / DD / YYYY 03 / 18 / 2009
	Mailing Address 101 Constitution Ave., NW Suite 2		Transaction ID: 90410.C11018
	City Washington	State DC	Zip Code 20001
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) FLUOR CORPORATION PAC		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 403 East Capitol Street, NE		Transaction ID: 90410.C11027
	City Washington	State DC	Zip Code 20003
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) FMC GOOD GOVERNMENT PROGRAM		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1667 K Street NW, Suite 460		Transaction ID: 90410.C11001
	City Washington	State DC	Zip Code 20006
	FEC ID number of contributing federal political committee. C C00033704		Amount of Each Receipt this Period 2000.00
	Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 38
(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)
GENERAL ATOMICS/PAC
Mailing Address P. O. Box 22930
City San Diego State CA Zip Code 92122
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 2000.00
Date of Receipt 03 / 04 / 2009
Transaction ID: 90410.C11006
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)
GENERAL DYNAMICS VOLUNTARY POL CONTRIB P
Mailing Address 2941 Fairview Park Dr., #100
City Falls Church State VA Zip Code 22042
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 27 / 2009
Transaction ID: 90410.C10997
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)
HOTEL PAC
Mailing Address 1201 New York Ave. Ste. 600
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 90410.C11034
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) ► 4000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 38
	<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) L-3 COMMUNICATIONS CORPORATION PAC		Date of Receipt
	Mailing Address 600 Third Ave.		<input type="checkbox"/> 03 / <input type="checkbox"/> 27 / <input type="checkbox"/> 2009
	City	State	Zip Code
	New York	NY	10016
	FEC ID number of contributing federal political committee. C		Transaction ID: 90410.C10996
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) NATIONAL PEST MANAGEMENT ASSOCIATION		Date of Receipt
	Mailing Address 9300 Lee Hwy 301		<input type="checkbox"/> 03 / <input type="checkbox"/> 04 / <input type="checkbox"/> 2009
	City	State	Zip Code
	Fairfax	VA	22031-6051
	FEC ID number of contributing federal political committee. C		Transaction ID: 90410.C11014
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) NCPA PAC		Date of Receipt
	Mailing Address 206 Daingerfield Rd.		<input type="checkbox"/> 03 / <input type="checkbox"/> 04 / <input type="checkbox"/> 2009
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee. C		Transaction ID: 90410.C11007
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 12 / 38
(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)
NRA-POLITICAL VICTORY FUND
Mailing Address 11250 Waples Mill Road
City State Zip Code
Fairfax VA 22030-7400
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2009
Transaction ID: 90410.C10988
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)
PAC OF THE AMERICAN ASSOC. ORTHOPAEDIC
Mailing Address 317 Massachusetts Ave. N.E.
City State Zip Code
Washington DC 20002
FEC ID number of contributing federal political committee. **C** C00343137
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2009
Transaction ID: 90410.C11003
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)
PLUM CREEK GOOD GOVERNMENT FUND
Mailing Address 999 Third Ave., Suite 4300
City State Zip Code
Seattle WA 98104
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2009
Transaction ID: 90410.C11015
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 38
(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)
SAFARI CLUB INTERNATIONAL PAC

Mailing Address P. O. Box 159

City Wapato State WA Zip Code 98951

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 27 / 2009
Transaction ID: 90411.C11041
 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 SHAW GROUP PAC

Mailing Address 1725 DUKE STREET, SUITE 400

City Alexandria State VA Zip Code 22314-3470

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 04 / 2009
Transaction ID: 90411.C11044
 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)
THE SHAW GROUP PAC

Mailing Address 1725 DUKE STREET, SUITE 400

City Alexandria State VA Zip Code 22314-3470

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: 90411.C11047
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 38
(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)
WASTE MANAGEMENT. PAC
Mailing Address 701 Pennsylvania Ave. N.W., SUite
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 90410.C11028
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)
WATERPAC
Mailing Address 2915 S. 13th Street
City Duncan State OK Zip Code 73533-9086
FEC ID number of contributing federal political committee. **C** C00202184
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 90410.C11033
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
WESTON PAC
Mailing Address 1001 Connecticut Ave., N.W., Suite
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 90411.C11043
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 38
(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)
WILLCO PAC

Mailing Address 1627 Eye Street NW, Suite 900

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2009

Transaction ID: 90410.C10992

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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	48500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 38
(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

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)
MARCIA FRENZ ARGUST

Mailing Address 477 E. Taylor Run Parkway

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Campain - Americas Wilder- Government Affairs Rep.
ness

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

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: 90410.C11039

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)
LESLIE P. BARBOUR

Mailing Address 523 7th St. N.E.

City State Zip Code
Washington DC 20002-5225

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

Name of Employer Occupation
Nuclear Energy Institute Director, Legislative Affairs

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

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 90410.C11032

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)
NICHOLAS G. CAVAROCCHI

Mailing Address 10201 Grosvenor Pl, Apt. 604

City State Zip Code
Rockville MD 20852-4611

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

Name of Employer Occupation
Cavarocchi, Ruscio Dennis Partner
Asso

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

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: 90410.C10995

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 38
(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)
CONFEDERATED TRIBES OF GRAND RONDE
 Mailing Address 9615 Grand Ronde Road
 City State Zip Code
 Grand Ronde OR 97347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Native American Nation Native American Nation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009
Transaction ID: 90411.C11042
 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)
CHRISTOPHER HUGHES FOX
 Mailing Address 507 S. St. Asaph Street
 City State Zip Code
 Alexandria VA 22314-4116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Assoc Dental Res- Executive Director
 earch
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2009
Transaction ID: 90410.C10993
 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 D. GRIMM
 Mailing Address 8025 Merry Oaks Ct.
 City State Zip Code
 Vienna VA 22182-4029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Van Scoyoc, Assoc. Attorney
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2009
Transaction ID: 90410.C11011
 Amount of Each Receipt this Period
 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) DAVID J. HILL	Date of Receipt MM / DD / YYYY 03 / 04 / 2009
	Mailing Address 5912 Gleneagles Drive	Transaction ID: 90410.C11012
	City State Zip Code Idaho Falls ID 83401-6349	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Battelle Energy Alliance Director	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) NIELS C. HOLCH	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 3308 Hidden River View Road	Transaction ID: 90410.C10994
	City State Zip Code Annapolis MD 21403	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Holch and Erickson, LLP Partner	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) WILLIAM P. HOLLIER	Date of Receipt MM / DD / YYYY 03 / 04 / 2009
	Mailing Address 12707 Westbrook Drive	Transaction ID: 90410.C11013
	City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Gallatin Group Partner	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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 19 / 38
(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)
DALE LEARN

Mailing Address 1229 - 12th St. NW Unit 206

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
Gordon Thomas Honeywell V.P., Government Affairs

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	9

Transaction ID: 90410.C11000

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)
GEORGE MICHAEL MILLER

Mailing Address 1056 Woodside Drive

City State Zip Code
Napa CA 94558-2024

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

Name of Employer Occupation
The Ferguson Group, Inc. Partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: 90410.C11025

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)
PATRICK JOSEPH PETTEY

Mailing Address 10301 Chapel Road

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Williams & Jensen PLLC Principal

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: 90410.C11036

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 20 / 38
	<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) MARK W. A. PHILLIPS	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 2625 N. Potomac Street	Transaction ID: 90410.C11022
	City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Edwards Associates, Inc. President	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) GERALD E. SWIGGETT	Date of Receipt MM / DD / YYYY 03 / 04 / 2009
	Mailing Address 7720 Desdemona Ct.	Transaction ID: 90410.C11010
	City State Zip Code Mc Lean VA 22102	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation GIS Enterprises, Inc. President	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) STEVEN SYMMS	Date of Receipt MM / DD / YYYY 03 / 04 / 2009
	Mailing Address 517 C St. NE	Transaction ID: 90410.C11017
	City State Zip Code Washington DC 20002	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 Self-employed Political Consultant	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

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

FOR LINE NUMBER: PAGE 21 / 38
(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)
GLEN TAIT

Mailing Address 5 Tifton Court

City Potomac State MD Zip Code 20854

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

Name of Employer Battelle Ghersy Alliance Occupation Government Relations

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2009
Transaction ID: 90410.C11009
 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)
GLEN TAIT

Mailing Address 5 Tifton Court

City Potomac State MD Zip Code 20854

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

Name of Employer Battelle Ghersy Alliance Occupation Government Relations

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2009
Transaction ID: 90410.C11030
 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)
TONY WILLIAMS

Mailing Address 101 Constitution Ave., NW, Suite 5

City Washington State DC Zip Code 20001

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

Name of Employer Washington2 Advocates, LLC Occupation Partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2009
Transaction ID: 90410.C10991
 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) ► 12000.00

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

A.

Full Name (Last, First, Middle Initial)
ESP PRINTING & MAIL

Transaction ID: 90410.E4534
Date of Disbursement

Mailing Address P O Box 3415

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

City Boise State ID Zip Code 83703-

Amount of Each Disbursement this Period

1355.23

Purpose of Disbursement
Mailing Christmas cards

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

MAILING CHRISTMAS CARDS

State: District:

B.

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

Transaction ID: 90410.E4545
Date of Disbursement

Mailing Address P. O. BOX 78225

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

City Phoenix State AZ Zip Code 85062-8225

Amount of Each Disbursement this Period

36.45

Purpose of Disbursement
Phone

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PHONE

State: District:

C.

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

Transaction ID: 90410.E4546
Date of Disbursement

Mailing Address P. O. BOX 78225

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	9

City Phoenix State AZ Zip Code 85062-8225

Amount of Each Disbursement this Period

36.45

Purpose of Disbursement
Phone

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PHONE

State: District:

SUBTOTAL of Disbursements This Page (optional)

1428.13

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)

PAGE 23 / 38

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address P. O. BOX 78225</p> <p>City Phoenix State AZ Zip Code 85062-8225</p> <p>Purpose of Disbursement Phone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E4547 Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 36.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE</p>
<p>B. Full Name (Last, First, Middle Initial) BANK OF COMMERCE</p> <p>Mailing Address P. O. Box 1702</p> <p>City Idaho Falls State ID Zip Code 83403-</p> <p>Purpose of Disbursement Bankcard fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E4561 Date of Disbursement 01 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 85.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>BANKCARD FEES</p>
<p>C. Full Name (Last, First, Middle Initial) BANK OF COMMERCE</p> <p>Mailing Address P. O. Box 1702</p> <p>City Idaho Falls State ID Zip Code 83403-</p> <p>Purpose of Disbursement Bankcard fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E4562 Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 85.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>BANKCARD FEES</p>

SUBTOTAL of Disbursements This Page (optional)	206.45
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) BANK OF COMMERCE <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: 90410.E4563 Date of Disbursement 03 / 03 / 2009 <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 BANKCARD FEES
B.	Full Name (Last, First, Middle Initial) CANYON CREST DINING <hr/> Mailing Address 330 Canyon Crest Drive <hr/> City Twin Falls State ID Zip Code 83301- <hr/> Purpose of Disbursement Event food & drink 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: 90410.E4532 Date of Disbursement 01 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 1196.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FOOD & DRINK
C.	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB <hr/> Mailing Address 300 1st Street SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Event food & drink 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: 90410.E4551 Date of Disbursement 01 / 29 / 2009 <hr/> Amount of Each Disbursement this Period 154.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FOOD & DRINK

SUBTOTAL of Disbursements This Page (optional) ▶	1436.09
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB</p> <p>Mailing Address 300 1st Street SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Event food & drink</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>Transaction ID: 90410.E4552 Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 336.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EVENT FOOD & DRINK</p>
<p>B. Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB</p> <p>Mailing Address 300 1st Street SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Event food & drink</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>Transaction ID: 90410.E4553 Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 382.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EVENT FOOD & DRINK</p>
<p>C. Full Name (Last, First, Middle Initial) CONGRESSIONAL CLUB</p> <p>Mailing Address 2001 New Hampshire Ave., NW</p> <p>City Washington State DC Zip Code 20009-</p> <p>Purpose of Disbursement First Ladys Luncheon</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>Transaction ID: 90410.E4572 Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FIRST LADYS LUNCHEON</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1118.63

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) CAROL KAAE <hr/> Mailing Address 1105 W. Springgold Drive <hr/> City Boise State ID Zip Code 83709- <hr/> Purpose of Disbursement Salary 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: 90410.E4535 Date of Disbursement 01 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 500.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
B.	Full Name (Last, First, Middle Initial) LEE A. McCORMICK <hr/> Mailing Address 5213 Hadlock Ct. <hr/> City Boise State ID Zip Code 83703- <hr/> Purpose of Disbursement Salary 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: 90410.E4536 Date of Disbursement 01 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 277.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
C.	Full Name (Last, First, Middle Initial) LEE A. McCORMICK <hr/> Mailing Address 5213 Hadlock Ct. <hr/> City Boise State ID Zip Code 83703- <hr/> Purpose of Disbursement Salary 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: 90410.E4554 Date of Disbursement 02 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 277.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY

SUBTOTAL of Disbursements This Page (optional) ▶	1054.28
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: 90410.E4537
Date of Disbursement

Mailing Address 5213 Hadlock Ct.

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	9

City Boise State ID Zip Code 83703-

Amount of Each Disbursement this Period

277.05

Purpose of Disbursement Salary
Candidate Name

Category/ Type

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

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

SALARY

B.

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

Transaction ID: 90410.E4555
Date of Disbursement

Mailing Address

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	9

City Boise State ID Zip Code 83707-

Amount of Each Disbursement this Period

42.00

Purpose of Disbursement Postage
Candidate Name

Category/ Type

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

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

POSTAGE

C.

Full Name (Last, First, Middle Initial)
QWEST

Transaction ID: 90410.E4548
Date of Disbursement

Mailing Address P. O. Box 5508

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

City Bismarck State ND Zip Code 58506-

Amount of Each Disbursement this Period

171.29

Purpose of Disbursement Phone
Candidate Name

Category/ Type

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

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

PHONE

SUBTOTAL of Disbursements This Page (optional)

490.34

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)
QWEST

Transaction ID: 90410.E4549
Date of Disbursement

Mailing Address P. O. Box 5508

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	9	

City Bismarck State ND Zip Code 58506-

Amount of Each Disbursement this Period

173.38

Purpose of Disbursement

Phone

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PHONE

State: District:

B.

Full Name (Last, First, Middle Initial)
QWEST

Transaction ID: 90410.E4550
Date of Disbursement

Mailing Address P. O. Box 5508

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	9	

City Bismarck State ND Zip Code 58506-

Amount of Each Disbursement this Period

171.25

Purpose of Disbursement

Phone

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PHONE

State: District:

C.

Full Name (Last, First, Middle Initial)
RBS WORLDPAY

Transaction ID: 90410.E4564
Date of Disbursement

Mailing Address 600 Morgan Falls Rd., Ste. 260

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	9	

City Atlanta State GA Zip Code 30350-

Amount of Each Disbursement this Period

94.98

Purpose of Disbursement

Bankcard fees

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

BANKCARD FEES

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

439.61

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) RBS WORLDPAY	Transaction ID: 90410.E4565
	Mailing Address 600 Morgan Falls Rd., Ste. 260	Date of Disbursement MM / DD / YYYY 02 / 04 / 2009
	City Atlanta State GA Zip Code 30350-	Amount of Each Disbursement this Period 94.98
	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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BANKCARD FEES

B.	Full Name (Last, First, Middle Initial) RBS WORLDPAY	Transaction ID: 90410.E4566
	Mailing Address 600 Morgan Falls Rd., Ste. 260	Date of Disbursement MM / DD / YYYY 03 / 04 / 2009
	City Atlanta State GA Zip Code 30350-	Amount of Each Disbursement this Period 94.98
	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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BANKCARD FEES

C.	Full Name (Last, First, Middle Initial) CHALICE ROY	Transaction ID: 90410.E4540
	Mailing Address 7849 Middy Lane	Date of Disbursement MM / DD / YYYY 01 / 29 / 2009
	City Alexandria State VA Zip Code 22306-	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Fundraising retainer 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING RETAINER

SUBTOTAL of Disbursements This Page (optional)	2189.96
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)
CHALICE ROY

Mailing Address 7849 Middy Lane

City Alexandria State VA Zip Code 22306-

Purpose of Disbursement
Fundraising Retainer & faxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90410.E4543

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

2351.33

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

FUNDRAISING RETAINER & FA-
XES

B.

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 & faxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90410.E4544

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

2256.19

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

FUNDRAISING RETAINER & FA-
XES

C.

Full Name (Last, First, Middle Initial)
TORTILLA COAST

Mailing Address 400 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90410.E4570

Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

380.60

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

CATERING

SUBTOTAL of Disbursements This Page (optional)

4988.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.

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

Mailing Address

City State Zip Code
Austin TX 73301-

Purpose of Disbursement
FUTA

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90410.E4567

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

38.40

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

FUTA

B.

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

Mailing Address

City State Zip Code
Austin TX 73301-

Purpose of Disbursement
4TH QTR P/R TAXES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90410.E4568

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

1800.21

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

4TH QTR P/R TAXES

C.

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

Mailing Address 1487 Parkway Drive

City State Zip Code
Blackfoot ID 83221-

Purpose of Disbursement
Accounting services

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90410.E4528

Date of Disbursement

01 / 02 / 2009

Amount of Each Disbursement this Period

1975.00

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

ACCOUNTING SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

3813.61

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

Transaction ID: 90410.E4529
Date of Disbursement

Mailing Address 1487 Parkway Drive

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

City Blackfoot State ID Zip Code 83221-

Amount of Each Disbursement this Period

1295.00

Purpose of Disbursement
Accounting services

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

ACCOUNTING SERVICES

State: District:

B.

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

Transaction ID: 90410.E4530
Date of Disbursement

Mailing Address 1487 Parkway Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	9

City Blackfoot State ID Zip Code 83221-

Amount of Each Disbursement this Period

1325.00

Purpose of Disbursement
Accounting services

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

ACCOUNTING SERVICES

State: District:

C.

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

Transaction ID: 90410.E4531
Date of Disbursement

Mailing Address 1487 Parkway Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

City Blackfoot State ID Zip Code 83221-

Amount of Each Disbursement this Period

1695.00

Purpose of Disbursement
Accounting services

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

ACCOUNTING SERVICES

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

4315.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) WATTS ADVISORS, INC.	Transaction ID: 90410.E4525 Date of Disbursement 01 / 02 / 2009	
	Mailing Address 5216 Watersedge		Amount of Each Disbursement this Period 1250.40
	City Boise State ID Zip Code 83714-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign admin office supplies gi	Category/Type	CAMPAIGN ADMIN OFFICE SUPPLIES GI
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) WATTS ADVISORS, INC.	Transaction ID: 90410.E4526 Date of Disbursement 02 / 04 / 2009	
	Mailing Address 5216 Watersedge		Amount of Each Disbursement this Period 509.53
	City Boise State ID Zip Code 83714-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign admin meal	Category/Type	CAMPAIGN ADMIN MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) WATTS ADVISORS, INC.	Transaction ID: 90410.E4527 Date of Disbursement 03 / 31 / 2009	
	Mailing Address 5216 Watersedge		Amount of Each Disbursement this Period 1812.90
	City Boise State ID Zip Code 83714-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign admin storage rent	Category/Type	CAMPAIGN ADMIN STORAGE RE-NT
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

3572.83

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
WESTFIELDS GOLF CLUB

Mailing Address 13940 Balmorae Greens Ave.

City Clifton State VA Zip Code 20124-

Purpose of Disbursement
Fees for fundraiser

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90410.E4558

Date of Disbursement

03 / 13 / 2009

Amount of Each Disbursement this Period

1071.00

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

FEEES FOR FUNDRAISER

B.

Full Name (Last, First, Middle Initial)
WESTMARK

Mailing Address P. O. Box 2869

City Idaho Falls State ID Zip Code 83403-

Purpose of Disbursement
See Below

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90410.E4560

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

3671.03

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

SEE BELOW

C.

Full Name (Last, First, Middle Initial)
JOHNNYS HALF SHELL

Mailing Address

City Washington State DC Zip Code 20036-

Purpose of Disbursement
Fundraiser Event catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90410.E4576

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

500.00

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

[MEMO ITEM]

MEMO: FUNDRAISER EVENT CA-
TERING

SUBTOTAL of Disbursements This Page (optional) ▶

4742.03

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SIMPSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BED BATH & BEYOND	Transaction ID: 90411.E4580
	Mailing Address	Date of Disbursement 03 / 04 / 2009
	City: Falls Church, State: VA, Zip Code: 22046	Amount of Each Disbursement this Period 367.43
	Purpose of Disbursement: Gifts for appreciation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: GIFTS FOR APPRECIATION
	Office Sought: <input type="checkbox"/> House, <input type="checkbox"/> Senate, <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary, <input type="checkbox"/> General, <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) HERTZ RENT-A-CAR	Transaction ID: 90411.E4584
	Mailing Address	Date of Disbursement 03 / 04 / 2009
	City: Washington, State: DC, Zip Code: 20036	Amount of Each Disbursement this Period 574.32
	Purpose of Disbursement: Car Rental	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: CAR RENTAL
	Office Sought: <input type="checkbox"/> House, <input type="checkbox"/> Senate, <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary, <input type="checkbox"/> General, <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) HOUSE GIFT SHOP	Transaction ID: 90410.E4578
	Mailing Address	Date of Disbursement 03 / 04 / 2009
	City: Washington, State: DC, Zip Code: 20005	Amount of Each Disbursement this Period 388.98
	Purpose of Disbursement: Gifts of appreciation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: GIFTS OF APPRECIATION
	Office Sought: <input type="checkbox"/> House, <input type="checkbox"/> Senate, <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary, <input type="checkbox"/> General, <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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) U S POSTMASTER	Transaction ID: 90411.E4579
	Mailing Address	Date of Disbursement 03 / 04 / 2009
	City: Boise State ID: Zip Code: 83707-	Amount of Each Disbursement this Period 84.00
	Purpose of Disbursement: Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼
		[MEMO ITEM] MEMO: POSTAGE

B.	Full Name (Last, First, Middle Initial) RUTHS CHRIS STEAK	Transaction ID: 90411.E4583
	Mailing Address	Date of Disbursement 03 / 04 / 2009
	City: Arlington State VA: Zip Code: 22201-	Amount of Each Disbursement this Period 559.27
	Purpose of Disbursement: Food & drink for fundraiser	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼
		[MEMO ITEM] MEMO: FOOD & DRINK FOR FUNDRAISER

C.	Full Name (Last, First, Middle Initial) STAPLES	Transaction ID: 90411.E4581
	Mailing Address	Date of Disbursement 03 / 04 / 2009
	City: Boise State ID: Zip Code: 83706-	Amount of Each Disbursement this Period 135.47
	Purpose of Disbursement: Office supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼
		[MEMO ITEM] MEMO: OFFICE SUPPLIES

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)
STUDIO III PHOTOGRAPHY

Mailing Address

City State Zip Code
Boise ID 83702-

Purpose of Disbursement
Ad design

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90410.E4573

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

360.40

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

[MEMO ITEM]

MEMO: AD DESIGN

B.

Full Name (Last, First, Middle Initial)
TEXACO INC

Mailing Address 219 Maxwell Ave.

City State Zip Code
Twin Falls ID 83301-

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90410.E4574

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

41.26

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

[MEMO ITEM]

MEMO: TRAVEL

C.

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

Mailing Address

City State Zip Code
Boise ID 83701-

Purpose of Disbursement
Parking

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90410.E4577

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

300.00

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

[MEMO ITEM]

MEMO: PARKING

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

29795.08

**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 38 / 38

<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

Transaction ID: 90410.E4569

Date of Disbursement

Mailing Address 320 First Street, S.E.

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	9

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

50000.00

Purpose of Disbursement
Transfer of excess campaign funds

--

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other

SUBTOTAL of Disbursements This Page (optional) ►

50000.00

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

50000.00
