

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 3095 / 3597
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Fred Thompson, Inc.

Full Name (Last, First, Middle Initial) A. JOE WHITE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 7
Mailing Address P.O. BOX 2476		Amount of Each Receipt this Period 500.00
City IRMO	State SC	
Zip Code 29063-7476		CONTRIBUTION Transaction ID: SA17.43444
FEC ID number of contributing federal political committee.		
Name of Employer MEDICAL COMFORT SYSTEMS, INC.	Occupation BUSINESS OWNER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. DR. JOHN WHITE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 211 FARMINGTON DRIVE		Amount of Each Receipt this Period 500.00
City JACKSON	State TN	
Zip Code 38305-3830		CONTRIBUTION Transaction ID: SA17.82090
FEC ID number of contributing federal political committee.		
Name of Employer JACKSON CLINIC, PA	Occupation PHYSICIAN	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. DR. JOHN WHITE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 211 FARMINGTON DRIVE		Amount of Each Receipt this Period 1000.00
City JACKSON	State TN	
Zip Code 38305-3830		CONTRIBUTION Transaction ID: SA17.8524
FEC ID number of contributing federal political committee.		
Name of Employer JACKSON CLINIC, PA	Occupation PHYSICIAN	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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