

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

Thompson for Congress

ADDRESS (number and street)

30151 Tomas

Check if different than previously reported. (ACC)

Rancho Sta Margarita

CA

92688

2. **FEC IDENTIFICATION NUMBER**

C C00514695

CITY

STATE

ZIP CODE

STATE DISTRICT

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

OR 05

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 05 / 15 / 2012 in the State of OR

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

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

Election on 05 / 15 / 2012 in the State of OR

5. Covering Period

04 / 01 / 2012 through 04 / 25 / 2012

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 Betty Presley

Signature of Treasurer Betty Presley

[Electronically Filed]

Date

05 / 02 / 2012

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

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Thompson 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))....	665.00	5635.00
(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)).....	665.00	5635.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2458.89	2463.13
(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)).....	2458.89	2463.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3171.87	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	2800.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Thompson for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	300.00	4550.00
(ii) Unitemized.....	365.00	985.00
(iii) TOTAL of contributions from individuals ▶	665.00	5535.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	100.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	665.00	5635.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	665.00	5635.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2458.89	2463.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	2458.89	2463.13

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4965.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	665.00
25. SUBTOTAL (add Line 23 and Line 24).....	5630.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2458.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3171.87

**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 5 OF 11
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Thompson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Don Bybee**

Mailing Address 3393 Acorn Ln S

City Salem State OR Zip Code 97302

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

Name of Employer Dover Management Inc Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2012

**Transaction ID : INCA231**

Amount of Each Receipt this Period  
 200.00

**B.** Full Name (Last, First, Middle Initial)  
**Diane E. Fritz**

Mailing Address 10115 Parrish Gap Rd

City Turner State OR Zip Code 97392

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

Name of Employer Diane E. Fritz, CPA Occupation CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2012

**Transaction ID : INCA235**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

300.00

300.00

**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)	PAGE 6 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Thompson for Congress**

Full Name (Last, First, Middle Initial)  
**A. Deluxe Check Printing**

Mailing Address 3680 Victoria Street North

City Shoreview State MN Zip Code 55126

Purpose of Disbursement Check Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 02 / 2012

Amount of Each Disbursement this Period: 65.84

Transaction ID : EXPB213

Category/Type: 001

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

Mailing Address 2131 Capitol Ave, #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 02 / 2012

Amount of Each Disbursement this Period: 4.70

Transaction ID : EXPB212

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**c. Betty Presley & Associates, Inc.**

Mailing Address 31051 Tomas

City RachStaMargarita State CA Zip Code 92688

Purpose of Disbursement Financial Analyst

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 05 / 2012

Amount of Each Disbursement this Period: 1200.00

Transaction ID : EXPB221

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 1270.54

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. PageWorks Graphic Design</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address PO Box 5984		Amount of Each Disbursement this Period 696.13 <b>Transaction ID : EXPB223</b>
City Salem	State OR	
Zip Code 97304	Purpose of Disbursement Printing Costs	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Fred Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 4554 12th Avenue South		Amount of Each Disbursement this Period 591.13 <b>Transaction ID : EXPB225</b>
City Salem	State OR	
Zip Code 97302	Purpose of Disbursement Filing Fees & Printing Costs	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Oregon Secretary of State</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 136 State Capitol		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : PDTB1EXPB225</b> <b>[MEMO ITEM]</b>
City Salem	State OR	
Zip Code 97301	Purpose of Disbursement Filing Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	696.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Thompson for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Copy Cats</b>		M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 1567 Edgewater St NW		Amount of Each Disbursement this Period
City Salem	State OR	177.00
Purpose of Disbursement Printing Costs	Category/Type 001	Transaction ID : PDTB2EXPB225
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. GoDaddy.com</b>		M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 14455 N Hayden Road		Amount of Each Disbursement this Period
City Scottsdale	State AZ	4.13
Purpose of Disbursement Domain	Category/Type 001	Transaction ID : PDTB4EXPB225
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>c. PageWorks Graphic Design</b>		M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address PO Box 5984		Amount of Each Disbursement this Period
City Salem	State OR	310.00
Purpose of Disbursement Design & Printing Costs	Category/Type 001	Transaction ID : PDTB3EXPB225
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fred Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 4554 12th Avenue South		Amount of Each Disbursement this Period 188.22
City Salem	State OR	
Zip Code 97302	Purpose of Disbursement Travel & Meeting Costs - No Vendor Aggregating over \$200	<b>Transaction ID : EXPB227</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PageWorks Graphic Design</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address PO Box 5984		Amount of Each Disbursement this Period 304.00
City Salem	State OR	
Zip Code 97304	Purpose of Disbursement Design & Printing Costs	<b>Transaction ID : EXPB237</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	492.22
<b>TOTAL</b> This Period (last page this line number only).....	2458.89

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Thompson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Betty Presley & Associates, Inc.**

Mailing Address 31051 Tomas

City State Zip Code  
RachStaMargarita CA 92688

Nature of Debt (Purpose):  
Financial Analyst

Outstanding Balance Beginning This Period **Transaction ID : PAYD199**  
1200.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 1200.00 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Betty Presley & Associates, Inc.**

Mailing Address 31051 Tomas

City State Zip Code  
RachStaMargarita CA 92688

Nature of Debt (Purpose):  
Financial Analyst

Outstanding Balance Beginning This Period **Transaction ID : PAYD200**  
1400.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 1400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Betty Presley & Associates, Inc.**

Mailing Address 31051 Tomas

City State Zip Code  
RachStaMargarita CA 92688

Nature of Debt (Purpose):  
Financial Analyst

Outstanding Balance Beginning This Period **Transaction ID : PAYD238**  
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
1400.00 0.00 1400.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	2800.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Thompson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PageWorks Graphic Design</b>	Nature of Debt (Purpose): Printing Costs
Mailing Address PO Box 5984	
City State Zip Code Salem OR 97304	

Outstanding Balance Beginning This Period 105.00	<b>Transaction ID : PAYD215</b>	
Amount Incurred This Period 0.00	Payment This Period 105.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Fred Thompson</b>	Nature of Debt (Purpose): Filing Fees & Printing Costs
Mailing Address 4554 12th Avenue South	
City State Zip Code Salem OR 97302	

Outstanding Balance Beginning This Period 591.13	<b>Transaction ID : PAYD214</b>	
Amount Incurred This Period 0.00	Payment This Period 591.13	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Fred Thompson</b>	Nature of Debt (Purpose): Travel & Meeting Costs - No Vendor Aggregating over \$200
Mailing Address 4554 12th Avenue South	
City State Zip Code Salem OR 97302	

Outstanding Balance Beginning This Period 188.22	<b>Transaction ID : PAYD216</b>	
Amount Incurred This Period 0.00	Payment This Period 188.22	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	2800.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	2800.00