

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

RECEIVED
FEDERAL ELECTION COMMISSION
2006 DEC 13 P 2:04

Office use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Thompson Presidential Exploratory Committee - 2008

ADDRESS (number and street) PO Box 19159

(Check if address is changed)

Alexandria VA 22320

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS rod@luminisgrouppltd.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 8663110104

2. DATE 12 / 13 / 2006

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Rodman P. Hise

Signature of Treasurer [Handwritten Signature] Date 12 / 13 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

2006121310105

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate **Tommy G. Thompson**

Candidate Party Affiliation **REP** Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

None

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Thompson Presidential Exploratory Committee - 2008

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name | **Timothy A. Koch**

Mailing Address **PO Box 19159**

Alexandria **VA** **22320**

Title or Position ▼ **Assistant Treasurer** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

703 **299** **8571**

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Rodman P. Hise**

Mailing Address **PO Box 19159**

Alexandria **VA** **22320**

Title or Position ▼ **Treasurer** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

608 **441** **2789**

Telephone number

Full Name of Designated Agent **Timothy A. Koch**

Mailing Address **PO Box 19159**

Alexandria **VA** **22320**

Title or Position ▼ **Assistant Treasurer** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

703 **299** **8571**

Telephone number

26039310107

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wachovia

Mailing Address

330 N Washington St

Alexandria

VA

22314

CITY ^

STATE ^

ZIP CODE ^

2009101000

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt
12/13/06

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No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked

SL
 PREPARER

12/13/06
 DATE PREPARED

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