

# REPORT OF RECEIPTS AND DISBURSEMENTS

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## BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

<b>1. NAME OF COMMITTEE (in full)</b> Friends of Fred Thompson, Inc.		<b>2. IDENTIFICATION NUMBER</b> C00438507
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported PO Box 128349		
<b>CITY, STATE, and ZIP CODE</b> Nashville                      TN                                      37212-8349		<b>3. IS THIS REPORT FOR :</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General

**4. TYPE OF REPORT** (Check here  if this is a Termination Report.)

<input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report	<p>Monthly Report Due On:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> February 20</td> <td><input type="checkbox"/> June 20</td> <td><input type="checkbox"/> October 20</td> </tr> <tr> <td><input checked="" type="checkbox"/> March 20</td> <td><input type="checkbox"/> July 20</td> <td><input type="checkbox"/> November 20</td> </tr> <tr> <td><input type="checkbox"/> April 20</td> <td><input type="checkbox"/> August 20</td> <td><input type="checkbox"/> December 20</td> </tr> <tr> <td><input type="checkbox"/> May 20</td> <td><input type="checkbox"/> September 20</td> <td><input type="checkbox"/> January 31</td> </tr> </table>	<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20	<input checked="" type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20	<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20	<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31
<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20											
<input checked="" type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20											
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20											
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31											

Twelfth day report preceding      Primary \_\_\_\_\_  
(Type of Election)

election on 11/04/2008 in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_  
on \_\_\_\_\_

IS THIS REPORT AN AMENDMENT       YES       NO

<b>5. COVERING PERIOD</b>	<b>FROM</b> 02/01/2008	<b>THROUGH</b> 02/29/2008
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SUMMARY	DESCRIPTION	AMOUNT
	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD .....	1700588.58
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) .....	63829.42
	8. SUBTOTAL (Lines 6 and 7) .....	1764418.00
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	1210206.08
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) .....	554211.92
	11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	0.00
	12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	127550.80
	13. EXPENDITURES SUBJECT TO LIMITATION .....	0.00
<b>NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES</b>	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	23407626.62
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	22901777.51

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 <b>Lin Howard</b>	Date 04/20/2008
Signature of Treasurer	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

<b>For further information contact:</b> Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100	<b>FEC FORM 3P</b> <b>(01/2001)</b>
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**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**

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(PAGE 2, FEC FORM 3P)

Name of committee (in full) <b>Friends of Fred Thompson, Inc.</b>		Report Covering the Period From: 02/01/2008 To: 02/29/2008	
<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00	
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees .....	353.54	23618928.12	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees .....	4000.00	180355.02	
(d) The Candidate .....	0.00	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))	4353.54	23799283.14	
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00	
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate .....	0.00	0.00	
(b) Other Loans .....	0.00	0.00	
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	0.00	
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating .....	56194.01	106200.64	
(b) Fundraising .....	0.00	0.00	
(c) Legal and Accounting .....	0.00	0.00	
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))	56194.01	106200.64	
21. OTHER RECEIPTS (Dividend, Interest, etc.) .....	3281.87	48462.81	
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21) .....	63829.42	23953946.59	
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES .....	1014248.56	23007978.15	
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00	
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00	
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS .....	0.00	0.00	
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate .....	0.00	0.00	
(b) Other Repayments .....	0.00	0.00	
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) .....	0.00	0.00	
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees .....	191157.52	385856.52	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees .....	4800.00	5800.00	
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c)) .....	195957.52	391656.52	
29. OTHER DISBURSEMENTS .....	0.00	100.00	
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	1210206.08	23399734.67	
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00		

**ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE** 3 / 321  
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)  
 (PAGE 3, FEC FORM 3P)

<b>1. NAME OF COMMITTEE (in full)</b> Friends of Fred Thompson, Inc.					
<b>ADDRESS (number and street)</b> PO Box 128349					
<b>CITY, STATE, and ZIP CODE</b> Nashville TN 37212-8349			<b>2. IDENTIFICATION NUMBER</b> C00438507		

**ALLOCATION BY STATE**

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	0.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>

**SCHEDULE D (FEC Form 3P)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

11  
 12

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ALLISON BARRETT	Nature of Debt (Purpose): TRAVEL
Mailing Address 1760 OLD MEADOW RD STE 350	
City State ZIP Code MCLEAN VA 22102	

Outstanding Balance Beginning This Period 859.90	<b>Transaction ID: SD29</b>	
Amount Incurred This Period 0.00	Payment This Period 859.90	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor TERRELL BENHAM	Nature of Debt (Purpose): TRAVEL
Mailing Address 2601 GARDEN BEND	
City State ZIP Code BENTON AR 72015	

Outstanding Balance Beginning This Period 10831.64	<b>Transaction ID: SD30</b>	
Amount Incurred This Period 0.00	Payment This Period 10831.64	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor SUZIE BROWNING	Nature of Debt (Purpose): TRAVEL
Mailing Address PO BOX 128349	
City State ZIP Code NASHVILLE TN 37212	

Outstanding Balance Beginning This Period 1778.04	<b>Transaction ID: SD31</b>	
Amount Incurred This Period 0.00	Payment This Period 1778.04	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).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3P)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 5 / 321	
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	11
	<input checked="" type="checkbox"/>	12

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor JOSEPH CELLA	Nature of Debt (Purpose): TRAVEL
Mailing Address 1760 OLD MEADOW RD STE 350	
City State ZIP Code MCLEAN VA 22102	

Outstanding Balance Beginning This Period 897.88	<b>Transaction ID: SD33</b>	
Amount Incurred This Period 0.00	Payment This Period 897.88	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor CHRIS FINNIGAN	Nature of Debt (Purpose): TRAVEL
Mailing Address 1760 OLD MEADOW RD STE 350	
City State ZIP Code MCLEAN VA 22102	

Outstanding Balance Beginning This Period 1334.18	<b>Transaction ID: SD38</b>	
Amount Incurred This Period 0.00	Payment This Period 1334.18	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MIKE GASKE	Nature of Debt (Purpose): TRAVEL
Mailing Address 1760 OLD MEADOW RD STE 350	
City State ZIP Code MCLEAN VA 22102	

Outstanding Balance Beginning This Period 1135.57	<b>Transaction ID: SD39</b>	
Amount Incurred This Period 0.00	Payment This Period 1135.57	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).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3P)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> KATHERINE GORDON			Nature of Debt (Purpose): TRAVEL
Mailing Address 2002 GREENWOOD DR			
City TALLAHASSEE	State FL	ZIP Code 32303	

Outstanding Balance Beginning This Period 602.32		<b>Transaction ID: SD40</b>	
Amount Incurred This Period 0.00	Payment This Period 602.32	Outstanding Balance at Close of This Period 0.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CLAYTON LAFORGE			Nature of Debt (Purpose): TRAVEL
Mailing Address 1760 OLD MEADOW RD STE 350			
City MCLEAN	State VA	ZIP Code 22102	

Outstanding Balance Beginning This Period 1308.18		<b>Transaction ID: SD43</b>	
Amount Incurred This Period 0.00	Payment This Period 1308.18	Outstanding Balance at Close of This Period 0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> STEPHANIE MCNEES			Nature of Debt (Purpose): TRAVEL
Mailing Address 1760 OLD MEADOW RD STE 350			
City MCLEAN	State VA	ZIP Code 22102	

Outstanding Balance Beginning This Period 1025.78		<b>Transaction ID: SD44</b>	
Amount Incurred This Period 0.00	Payment This Period 585.00	Outstanding Balance at Close of This Period 440.78	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	440.78
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3P)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor TIMOTHY NUSSBAUM	Nature of Debt (Purpose): TRAVEL
Mailing Address 1760 OLD MEADOW RD STE 350	
City State ZIP Code MCLEAN VA 22102	

Outstanding Balance Beginning This Period 887.04	<b>Transaction ID: SD46</b>	
Amount Incurred This Period 0.00	Payment This Period 887.04	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor THOMAS SMITH	Nature of Debt (Purpose): FINANCE CONSULTING
Mailing Address PO BOX 128349	
City State ZIP Code NASHVILLE TN 37212	

Outstanding Balance Beginning This Period 5900.00	<b>Transaction ID: SD50</b>	
Amount Incurred This Period 0.00	Payment This Period 5900.00	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ROGER WHYTE	Nature of Debt (Purpose): TRAVEL
Mailing Address 1760 OLD MEADOW RD STE 350	
City State ZIP Code MCLEAN VA 22102	

Outstanding Balance Beginning This Period 1563.69	<b>Transaction ID: SD53</b>	
Amount Incurred This Period 0.00	Payment This Period 1563.69	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).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3P)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> ABERNATHY STRATEGIES			Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING
Mailing Address PO BOX 11511			
City CHARLESTON	State WV	ZIP Code 25339	

Outstanding Balance Beginning This Period 5000.00		Transaction ID: SD27	
Amount Incurred This Period 0.00	Payment This Period 5000.00	Outstanding Balance at Close of This Period 0.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> AJL INTERNATIONAL			Nature of Debt (Purpose): TRANSPORTATION SERVICES
Mailing Address 2553 Gravel Dr			
City FT WORTH	State TX	ZIP Code 76118	

Outstanding Balance Beginning This Period 608.11		Transaction ID: SD28	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 608.11	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CAC DIRECT MARKETING SVC			Nature of Debt (Purpose): PRINTING
Mailing Address 99 RAY RD			
City BALTIMORE	State MD	ZIP Code 21227	

Outstanding Balance Beginning This Period 7923.46		Transaction ID: SD32	
Amount Incurred This Period 0.00	Payment This Period 7923.46	Outstanding Balance at Close of This Period 0.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	608.11
<b>2) TOTALS</b> This Period (last page this line number only).....	[ ]
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	[ ]
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	[ ]



**SCHEDULE D (FEC Form 3P)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> DIRECT IMPRESSIONS			Nature of Debt (Purpose): PRINTING
Mailing Address 2100 TOMLYNN ST			
City RICHMOND	State VA	ZIP Code 22320	

Outstanding Balance Beginning This Period 2716.50		<b>Transaction ID: SD34</b>	
Amount Incurred This Period 0.00	Payment This Period 2716.50	Outstanding Balance at Close of This Period 0.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> DUPLI ENVELOPES & GRAPHICS			Nature of Debt (Purpose): PRINTING
Mailing Address PO BOX 11500			
City SYRACUSE	State NY	ZIP Code 13218	

Outstanding Balance Beginning This Period 4992.00		<b>Transaction ID: SD35</b>	
Amount Incurred This Period 0.00	Payment This Period 4992.00	Outstanding Balance at Close of This Period 0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> EATON RIVER STRATEGIES			Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING/TVL
Mailing Address 28 EDWARD RD			
City WEST NEWTON	State MA	ZIP Code 02465	

Outstanding Balance Beginning This Period 9455.12		<b>Transaction ID: SD36</b>	
Amount Incurred This Period 0.00	Payment This Period 9455.12	Outstanding Balance at Close of This Period 0.00	

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

**SCHEDULE D (FEC Form 3P)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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FOR LINE NUMBER: (check only one)

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> ELECTION CONNECTIONS INC			Nature of Debt (Purpose): MESSAGE PHONE CALLS
Mailing Address PO BOX 10866			
City TALLAHASSEE	State FL	ZIP Code 32302	

Outstanding Balance Beginning This Period <input type="text" value="207052.11"/>		<b>Transaction ID: SD3</b>	
Amount Incurred This Period <input type="text" value="21340.47"/>	Payment This Period <input type="text" value="228392.58"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> EVENT STRATEGIES INC			Nature of Debt (Purpose): STAGING/TRAVEL
Mailing Address 211 N UNION ST STE 220			
City ALEXANDRIA	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="4671.45"/>		<b>Transaction ID: SD37</b>	
Amount Incurred This Period <input type="text" value="-1533.59"/>	Payment This Period <input type="text" value="3137.86"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> GLOBAL CROSSING CONFERENCING			Nature of Debt (Purpose): PHONE SVC
Mailing Address PO BOX 790407			
City ST LOUIS	State MO	ZIP Code 63179	

Outstanding Balance Beginning This Period <input type="text" value="42953.13"/>		<b>Transaction ID: SD7</b>	
Amount Incurred This Period <input type="text" value="13566.12"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="56519.25"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="56519.25"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3P)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 / 321
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor HOSTMYSITE.COM	Nature of Debt (Purpose): WEB SVC
Mailing Address 350 PENCADER DR STE B	
City State ZIP Code NEWARK DE 19702	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: SD57</b>	
Amount Incurred This Period <input type="text" value="14983.02"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="14983.02"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ILLUMEN	Nature of Debt (Purpose): WEB SVC
Mailing Address 1000 POTOMAC ST NW STE 430	
City State ZIP Code WASHINGTON DC 20007	

Outstanding Balance Beginning This Period <input type="text" value="1250.00"/>	<b>Transaction ID: SD41</b>	
Amount Incurred This Period <input type="text" value="-833.33"/>	Payment This Period <input type="text" value="416.67"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor KEYSPAN ENERGY	Nature of Debt (Purpose): UTILITIES
Mailing Address PO BOX 4300	
City State ZIP Code WOBURN MA 01888	

Outstanding Balance Beginning This Period <input type="text" value="842.29"/>	<b>Transaction ID: SD42</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="604.98"/>	Outstanding Balance at Close of This Period <input type="text" value="237.31"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="15220.33"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3P)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

11  
 12

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> NEXTEL			Nature of Debt (Purpose): TELEPHONE SERVICE
Mailing Address PO BOX 4181			
City CAROL STREAM	State IL	ZIP Code 60197	

Outstanding Balance Beginning This Period 24495.67		Transaction ID: SD45	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 24495.67	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> PITNEY BOWES			Nature of Debt (Purpose): EQUIPMENT RENTAL
Mailing Address PO BOX 856390			
City LOUISVILLE	State KY	ZIP Code 40285	

Outstanding Balance Beginning This Period 1152.00		Transaction ID: SD47	
Amount Incurred This Period 0.00	Payment This Period 1152.00	Outstanding Balance at Close of This Period 0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> PM DIRECT MARKETING			Nature of Debt (Purpose): PRINTING
Mailing Address 11250 WAPLES MILL RD STE 310			
City FAIRFAX	State VA	ZIP Code 22030	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD55	
Amount Incurred This Period 20000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20000.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	44495.67
<b>2) TOTALS</b> This Period (last page this line number only).....	[ ]
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	[ ]
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	[ ]

**SCHEDULE D (FEC Form 3P)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

11  
 12

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> POTTERS BAKERY & CAFE			Nature of Debt (Purpose): CATERING
Mailing Address 13412 HARPER PL			
City FONTANA	State CA	ZIP Code 92336	

Outstanding Balance Beginning This Period <input type="text" value="1556.98"/>		<b>Transaction ID: SD48</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1556.98"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> PRESS ASSOCIATION			Nature of Debt (Purpose): TRAVEL
Mailing Address PO BOX 414243			
City BOSTON	State MA	ZIP Code 02241	

Outstanding Balance Beginning This Period <input type="text" value="7600.00"/>		<b>Transaction ID: SD49</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7600.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> SCHERMERHORN SYMPHONY CENTER			Nature of Debt (Purpose): FACILITY RENTAL
Mailing Address ONE SYMPHONY PLACE			
City NASHVILLE	State TN	ZIP Code 37201	

Outstanding Balance Beginning This Period <input type="text" value="12793.89"/>		<b>Transaction ID: SD18</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="12793.89"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="7600.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3P)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

11  
 12

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> STARBOARD COMMUNICATIONS			Nature of Debt (Purpose): PRINTING
Mailing Address 1043 BARR RD			
City LEXINGTON	State SC	ZIP Code 28072	

Outstanding Balance Beginning This Period <input type="text" value="570.00"/>		<b>Transaction ID: SD51</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="570.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> STREAMLOGICS INC			Nature of Debt (Purpose): WEB SVC
Mailing Address 555 RICHMOND ST W STE 400			
City TORONTO	State FF	ZIP Code 99999	

Outstanding Balance Beginning This Period <input type="text" value="900.00"/>		<b>Transaction ID: SD22</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="900.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> THOMAS GRAPHICS			Nature of Debt (Purpose): PRINTING
Mailing Address PO BOX 142226			
City AUSTIN	State TX	ZIP Code 78714	

Outstanding Balance Beginning This Period <input type="text" value="9953.59"/>		<b>Transaction ID: SD52</b>	
Amount Incurred This Period <input type="text" value="11248.06"/>	Payment This Period <input type="text" value="21201.65"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

**SCHEDULE D (FEC Form 3P)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

11  
 12

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> VALLEY NET TECH			Nature of Debt (Purpose): WEB SVC
Mailing Address PO BOX 51498			
City PHOENIX	State AZ	ZIP Code 85076	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD56</b>	
Amount Incurred This Period 2666.66	Payment This Period 0.00	Outstanding Balance at Close of This Period 2666.66	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> WARFIELD & WALSH INC			Nature of Debt (Purpose): LIST MANAGEMENT SVC
Mailing Address 601 S WASHINGTON STREET			
City ALEXANDRIA	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period 3123.20		<b>Transaction ID: SD26</b>	
Amount Incurred This Period 5000.00	Payment This Period 8123.20	Outstanding Balance at Close of This Period 0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> YUMA SOLUTIONS INC			Nature of Debt (Purpose): EQUIPMENT RENTAL
Mailing Address 1876 ELDER CT STE B			
City TALLAHASSEE	State FL	ZIP Code 32308	

Outstanding Balance Beginning This Period 9561.94		<b>Transaction ID: SD54</b>	
Amount Incurred This Period 25000.00	Payment This Period 34561.94	Outstanding Balance at Close of This Period 0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	2666.66
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	127550.80
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)	▶	127550.80

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 321

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<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)  
Friends of Fred Thompson, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) MR. MARSHALL G. ALLAN		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
Mailing Address 17 SOMERSET STREET 3RD FLOOR		Amount of Each Receipt this Period -1000.00	
City State Zip Code NEW YORK NY 54007		Amount of Each Receipt this Period -1000.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	
		Transaction ID: SA17.249171	

<b>B.</b> Full Name (Last, First, Middle Initial) MS. CAROLYN E. AMIOT		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
Mailing Address 106 BONNAVENTURE PLACE		Amount of Each Receipt this Period -2300.00	
City State Zip Code NASHVILLE TN 37205-4440		Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND	
Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation HOMEMAKER Election Cycle-to-Date ▼ 2300.00	
		Transaction ID: SA17.249192	

<b>C.</b> Full Name (Last, First, Middle Initial) TANI D. AUSTIN		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
Mailing Address 5334 HARBOR TOWN DRIVE		Amount of Each Receipt this Period -2300.00	
City State Zip Code DALLAS TX 75287-7319		Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	
		Transaction ID: SA17.249104	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 321
	(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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MIKE S. AZER	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 1 TRACY DRIVE	Amount of Each Receipt this Period 25.00
	City State Zip Code MANALAPAN NJ 07726-2838	CONTRIBUTION
	FEC ID number of contributing federal political committee.	Transaction ID: SA17.248925
	Name of Employer I.T.T. Occupation CONSULTANT Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 255.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) BILL BANDY	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 632 CABERNET CT	Amount of Each Receipt this Period -2200.00
	City State Zip Code MC KINNEY TX 75069-1597	CONTRIBUTION
	FEC ID number of contributing federal political committee.	CHARGED BACK
	Name of Employer LUBE CENTER MGT. Occupation SELF EMPLOYED Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 200.00	Transaction ID: SA17.248972

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. RONALD P. BARNES	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 8212 BELL MILL ROAD	Amount of Each Receipt this Period -1000.00
	City State Zip Code OOLTEWAH TN 37363-8896	CONTRIBUTION
	FEC ID number of contributing federal political committee.	MEMORITUM
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2300.00	REFUND Transaction ID: SA17.249005

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	-2175.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. JANET BECHTEL	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 10216 MEADOW RIDGES LANE	Amount of Each Receipt this Period 500.00
	City State Zip Code KNOXVILLE TN 37922-7226	CONTRIBUTION
	FEC ID number of contributing federal political committee.	Transaction ID: SA17.248878
	Name of Employer Occupation U.S. BANK, NOVA INFORMATION SYSTEMS MANAGMENT	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. KENNETH BOLEN	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 152 JEFFERSON DRIVE	Amount of Each Receipt this Period -2300.00
	City State Zip Code BEAVER WV 25813-9660	CONTRIBUTION
	FEC ID number of contributing federal political committee.	[MEMO ITEM] REFUND
	Name of Employer Occupation POWELL CONSTRUCTION ENGINEER	Transaction ID: SA17.249152
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JOHN D. BOLSTAD	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 1542 IRVINE AVENUE	Amount of Each Receipt this Period -200.00
	City State Zip Code NEWPORT BEACH CA 92660-4411	CONTRIBUTION
	FEC ID number of contributing federal political committee.	[MEMO ITEM] REFUND
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA17.249117
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. GUY BOSTICK	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 1300 W. LAKE OTIS DRIVE SE	Amount of Each Receipt this Period -100.00
	City State Zip Code WINTER HAVEN FL 33880-4234	
	FEC ID number of contributing federal political committee.	<b>CONTRIBUTION</b> <b>[MEMO ITEM]</b> REFUND <b>Transaction ID: SA17.249144</b>
	Name of Employer Occupation COMCAR INDUSTRIES DIRECTOR OF SALES	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) BONNIE BOUSMAN	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 9331 DEWEY DR.	Amount of Each Receipt this Period -600.00
	City State Zip Code GARDEN GROVE CA 92841-1159	
	FEC ID number of contributing federal political committee.	<b>CONTRIBUTION</b> <b>[MEMO ITEM]</b> REFUND <b>Transaction ID: SA17.248997</b>
	Name of Employer Occupation FRIENDS COMMUNITY CHURCH PASTOR	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. FUMIE BOYCE	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 4532 INTELCO LOOP SE APARTMENT 354	Amount of Each Receipt this Period -1400.00
	City State Zip Code LACEY WA 98503-5583	
	FEC ID number of contributing federal political committee.	<b>CONTRIBUTION</b> <b>[MEMO ITEM]</b> REFUND <b>Transaction ID: SA17.249125</b>
	Name of Employer Occupation RETIRED	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

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

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 321
	<input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17a <input type="checkbox"/> 17b <input type="checkbox"/> 17c <input type="checkbox"/> 17d <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)  
Friends of Fred Thompson, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) MS. JANE E. BRAUER		Date of Receipt																				
Mailing Address 1355 CHURCH STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	6		2	0	0	8													
City State Zip Code ELM GROVE WI 53122-1713		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		50.00																				
Name of Employer SELF EMPLOYED		CONTRIBUTION																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA17.248887																				
Election Cycle-to-Date ▼ 250.00																						

<b>B.</b> Full Name (Last, First, Middle Initial) MR. R. W. BROWNLEE		Date of Receipt																				
Mailing Address 160 SHOREHAM ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	4		2	0	0	8													
City State Zip Code SPARTANBURG SC 29307-3853		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		-300.00																				
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		CONTRIBUTION																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CHECK RETURNED BY BANK																				
Election Cycle-to-Date ▼ 0.00		Transaction ID: SA17.248969																				

<b>C.</b> Full Name (Last, First, Middle Initial) MR. RALPH BUCKNER, JR.		Date of Receipt																				
Mailing Address 400 ANATOLE LANE N.E		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	3		2	0	0	8													
City State Zip Code CLEVELAND TN 37312		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		-2300.00																				
Name of Employer RALPH BUCKNER FUNERAL HOME		CONTRIBUTION																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] REFUND																				
Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.249008																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	-250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. SUE ANN BURCHETTE	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 28060 BRICK ROW DRIVE	Amount of Each Receipt this Period -2300.00
	City State Zip Code OXFORD MD 21654-1702	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	CONTRIBUTION [MEMO ITEM] REFUND Transaction ID: SA17.249132

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. WILLIAM BURCHETTE, ESQ.	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 28060 BRICK ROW DRIVE	Amount of Each Receipt this Period -2300.00
	City State Zip Code OXFORD MD 21654-1702	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	CONTRIBUTION [MEMO ITEM] REFUND Transaction ID: SA17.249123

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. REBA BURGESS	Date of Receipt MM / DD / YYYY 02 / 03 / 2008
	Mailing Address 4426 WARSCHUN ROAD	Amount of Each Receipt this Period 100.00
	City State Zip Code AUBREY TX 76227-4101	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	CONTRIBUTION [MEMO ITEM] REATTRIBUTION FROM SPOUSE Transaction ID: SA17.248943

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. LOUIS R. CAPPELLI		Date of Receipt																				
Mailing Address 115 STEVENS AVENUE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
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0	2		2	9		2	0	0	8													
City State Zip Code VALHALLA NY 10595-1252	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		-2300.00																				
Name of Employer CAPPELLI ENTERPRISES INC.	Occupation PRESIDENT	CONTRIBUTION																				
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	<b>[MEMO ITEM]</b> REFUND																				
		Transaction ID: SA17.249154																				

<b>B.</b> Full Name (Last, First, Middle Initial) MR. LOUIS L. CERUZZI, JR.		Date of Receipt																				
Mailing Address 1099 PEQUOT AVENUE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code SOUTHPORT CT 06890-1421	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		-2300.00																				
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	CONTRIBUTION																				
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	<b>[MEMO ITEM]</b> REFUND																				
		Transaction ID: SA17.249161																				

<b>C.</b> Full Name (Last, First, Middle Initial) MRS. TERESE M. CERUZZI		Date of Receipt																				
Mailing Address 1099 PEQUOT AVENUE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code SOUTHPORT CT 06890-1421	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		-2300.00																				
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	CONTRIBUTION																				
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	<b>[MEMO ITEM]</b> REFUND																				
		Transaction ID: SA17.249162																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>	

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 321
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) WILLIAM CHILDS	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 3538 EASTWIND STREET	Amount of Each Receipt this Period -249.00
	City State Zip Code INDIANAPOLIS IN 46227-8047	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation FORMER UPS MANAGER RETIRED	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249108

<b>B.</b>	Full Name (Last, First, Middle Initial) KAREN CLARK	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 3515 WATER WALK DRIVE	Amount of Each Receipt this Period -50.00
	City State Zip Code WYOMING MI 49418-9248	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation GREEN ENERGY LIVE, INC ENTREPRENEUR	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.248996

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. FRAN L. CLIPPARD	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 2315 ABBOTT MARTIN ROAD	Amount of Each Receipt this Period 0.50
	City State Zip Code NASHVILLE TN 37215-1919	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation CENTER FOR LIVING AND LEARNING EXECUTIVE DIRECTOR	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249172

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. HAROLD COKER		Date of Receipt																				
Mailing Address 6730 STANDIFER GAP ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code CHATTANOOGA TN 37421-1408	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		-2300.00																				
Name of Employer	Occupation	CONTRIBUTION [MEMO ITEM] REFUND																				
	RETIRED																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249082																				

<b>B.</b> Full Name (Last, First, Middle Initial) MR. WILLIAM T. COLEMAN, JR.		Date of Receipt																				
Mailing Address 1286 BALLANTRAE FARM DRIVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code MCLEAN VA 22101-3026	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		-700.00																				
Name of Employer	Occupation	CONTRIBUTION [MEMO ITEM] REFUND																				
	ATTORNEY																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249181																				

<b>C.</b> Full Name (Last, First, Middle Initial) MS. SONJA K. COOPER		Date of Receipt																				
Mailing Address 1401 BULLARD ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code POWDER SPRINGS GA 30127-1127	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		-2300.00																				
Name of Employer	Occupation	CONTRIBUTION [MEMO ITEM] REFUND																				
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249156																				

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. JACK L. COPELAND		Date of Receipt
Mailing Address 105 E. BEDFORD STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code DIMMITT TX 79027-2623	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249084
Name of Employer SELF-EMPLOYED	Occupation OIL & GAS CONSULTANT	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. J. M. COX, JR.		Date of Receipt
Mailing Address P.O. BOX 3891		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code JOHNSON CITY TN 37602-3891	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249150
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. DANIEL F. CREMINS		Date of Receipt
Mailing Address 77 MOUNTAIN AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code LARCHMONT NY 10538-1936	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249188
Name of Employer H.J. KALIKOW	Occupation EXECUTIVE	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MRS. MARGARET CREMINS		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
Mailing Address 77 MOUNTAIN AVENUE		Amount of Each Receipt this Period -2300.00	
City State Zip Code LARCHMONT NY 10538-1936	FEC ID number of contributing federal political committee.		
Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation HOMEMAKER Election Cycle-to-Date ▼ 2300.00	CONTRIBUTION [MEMO ITEM] REFUND Transaction ID: SA17.249187	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. LIONEL E. CROSS		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8	
Mailing Address P.O. BOX 307		Amount of Each Receipt this Period 50.00	
City State Zip Code WHEATLAND CA 95692-0307	FEC ID number of contributing federal political committee.		
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation RETIRED Election Cycle-to-Date ▼ 400.00	CONTRIBUTION Transaction ID: SA17.249018	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. CHIP CRUNK		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
Mailing Address 1225 BEECH HILL ROAD		Amount of Each Receipt this Period -2300.00	
City State Zip Code BRENTWOOD TN 37027-5531	FEC ID number of contributing federal political committee.		
Name of Employer R.J. YOUNG COMPANY Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SALES Election Cycle-to-Date ▼ 2300.00	CONTRIBUTION [MEMO ITEM] REFUND Transaction ID: SA17.249195	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) DR. JEFFREY A. DAVIDSON		Date of Receipt
Mailing Address 272 S. WOODMONT DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code DOWNTOWN PA 19335-5317	Amount of Each Receipt this Period -50.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249145
Name of Employer ACI	Occupation RESEARCHER	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. RICHARD A. DEAN		Date of Receipt
Mailing Address 13631 IBBETSON		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code BELLFLOWER CA 90706-2517	Amount of Each Receipt this Period -1300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249085
Name of Employer T.H.X. L.T.D.	Occupation ENGINEER	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MRS. CAROLE DOWD		Date of Receipt
Mailing Address 1529 CROWELL ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code VIENNA VA 22182-1514	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249180
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

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

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. JOHN M. DOWD		Date of Receipt																				
Mailing Address 1529 CROWELL ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code VIENNA VA 22182-1514	Amount of Each Receipt this Period -2300.00																					
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249179																				
Name of Employer PARTNER, AKIN, GUMP STRAUSS HAUER & FE	Occupation LAWYER																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00																					

<b>B.</b> Full Name (Last, First, Middle Initial) MR. STEPHEN E. DYER		Date of Receipt																				
Mailing Address 15871 DUQUESNE CIRCLE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code BRIGHTON CO 80603-3856	Amount of Each Receipt this Period -500.00																					
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249111																				
Name of Employer UNIVAIR AIRCRAFT CORPORATION	Occupation CHAIRMAN OF BOARD																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00																					

<b>C.</b> Full Name (Last, First, Middle Initial) MR. EDMUND WILLIAM EVANS		Date of Receipt																				
Mailing Address 16186 KELLOGG ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code BOWLING GREEN OH 43402-9780	Amount of Each Receipt this Period -200.00																					
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249149																				
Name of Employer	Occupation RETIRED																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00																					

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

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MRS. WILDA D. FARBER		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
Mailing Address 200 DOMINICAN DRIVE APARTMENT 1308		Amount of Each Receipt this Period -200.00	
City State Zip Code MADISON MS 39110-8630		Amount of Each Receipt this Period -200.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION REFUND	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	
		Transaction ID: SA17.249103	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. NIJAD I. FARES		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
Mailing Address P.O. BOX 130688		Amount of Each Receipt this Period -2300.00	
City State Zip Code HOUSTON TX 77219-0688		Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION REFUND	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	
		Transaction ID: SA17.249158	

<b>C.</b> Full Name (Last, First, Middle Initial) MRS. ZEINA FARES		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
Mailing Address P.O. BOX 130688		Amount of Each Receipt this Period -2300.00	
City State Zip Code HOUSTON TX 77219-0688		Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION REFUND	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	
		Transaction ID: SA17.249157	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 321
	(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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. CANDY C. FAZAKERLEY	Date of Receipt MM / DD / YYYY 02 / 05 / 2008
	Mailing Address P.O. BOX 2070	Amount of Each Receipt this Period 1350.00
	City State Zip Code MIDDLEBURG VA 20118-2070	
	FEC ID number of contributing federal political committee.	CONTRIBUTION IN-KIND- VALET SERVICES REFUNDED \$1,350.00 ON 02/- 13/2008 <b>Transaction ID:</b> SA17.249002
	Name of Employer Occupation C.G. INVESTMENTS, INC. REAL ESTATE DEVELOPER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) PATRICK D. FITZGERALD	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 1718 WESTEND PL	Amount of Each Receipt this Period -2300.00
	City State Zip Code ROUND ROCK TX 78681-2252	
	FEC ID number of contributing federal political committee.	CONTRIBUTION [MEMO ITEM] REFUND <b>Transaction ID:</b> SA17.249112
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MAX L. FULLER	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 8569 BALATA DRIVE	Amount of Each Receipt this Period -2300.00
	City State Zip Code OOLTEWAH TN 37363-6286	
	FEC ID number of contributing federal political committee.	CONTRIBUTION [MEMO ITEM] REFUND <b>Transaction ID:</b> SA17.249009
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. JAMES E. GABLE		Date of Receipt
Mailing Address P.O. BOX 390		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code CHATHAM MA 02633-0390	Amount of Each Receipt this Period -1700.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249198
Name of Employer GABLE BUILDING CORP.	Occupation DEVELOPER	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. THOMAS F. GARRETT		Date of Receipt
Mailing Address 1617 KINCAID ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code LEWISBURG TN 37091-5226	Amount of Each Receipt this Period -129.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249129
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. TREVOR GARRETT		Date of Receipt
Mailing Address 1130 8TH AVENUE SOUTH		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 6 / 2 0 0 8
City State Zip Code NASHVILLE TN 37203-4724	Amount of Each Receipt this Period 183.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION  IN-KIND- TRAVEL  Transaction ID: SA17.249038
Name of Employer FRIENDS OF FRED THOMPSON	Occupation CONSULTANT	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 258.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	183.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 321
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. NORMAN J. GOEBEL, JR.	Date of Receipt MM / DD / YYYY 02 / 05 / 2008
	Mailing Address 160 OCEAN DRIVE APARTMENT 6B	Amount of Each Receipt this Period 200.00
	City State Zip Code BATON ROUGE LA 70806-4655	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation UNEMPLOYED	CONTRIBUTION
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	Transaction ID: SA17.248855

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. JODIE GRAY	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 802 GREENWICH WOODS DRIVE	Amount of Each Receipt this Period -2300.00
	City State Zip Code MCLEAN VA 22102	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation CUSTOMER RELATIONSHIP MET-RICS OWNER	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249015

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. BETTY GRMABO	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 4760 GURGER ROAD	Amount of Each Receipt this Period -450.00
	City State Zip Code CLEVELAND OH 44121	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	CONTRIBUTION CHARGED BACK
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 50.00	Transaction ID: SA17.249205

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	-250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. KENNETH V. HANDAL	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 1075 PARK AVENUE APARTMENT 3B	Amount of Each Receipt this Period -2300.00
	City State Zip Code NEW YORK NY 10128-1003	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation CA, INC LAWYER	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249196

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. GLENNA L. HEAVIN	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address P.O. BOX 708	Amount of Each Receipt this Period -2300.00
	City State Zip Code INGRAM TX 78025-0708	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation HEAVIN IDEAS IN ACTION, INC PRESIDENT	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249170

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. H. GARY HEAVIN	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 875 C.R. 324	Amount of Each Receipt this Period -2300.00
	City State Zip Code GATESVILLE TX 76528	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249169

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

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b> Full Name (Last, First, Middle Initial) MRS. LISA C. HENKEL		Date of Receipt																				
Mailing Address 2412 MARSHALL COURT		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	1		2	0	0	8													
City State Zip Code NAPERVILLE IL 60565-3475		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		-2300.00																				
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION <b>[MEMO ITEM]</b> REFUND																				
Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.248956																				

<b>B.</b> Full Name (Last, First, Middle Initial) MR. MICHAEL HENKEL		Date of Receipt																				
Mailing Address 2412 MARSHALL COURT		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code NAPERVILLE IL 60565-3475		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		-2300.00																				
Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION <b>[MEMO ITEM]</b> REFUND																				
Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.249141																				

<b>C.</b> Full Name (Last, First, Middle Initial) MRS. JANE C. HENSON		Date of Receipt																				
Mailing Address 1111 BERING DRIVE #1301		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	6		2	0	0	8													
City State Zip Code HOUSTON TX 77057-2321		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		250.00																				
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION																				
Election Cycle-to-Date ▼ 250.00		Transaction ID: SA17.248876																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 321
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. DONALD R. HESSELBROCK	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8
	Mailing Address 10045 N. 58TH PLACE	Amount of Each Receipt this Period 20.00
	City State Zip Code SCOTTSDALE AZ 85253-1101	CONTRIBUTION
	FEC ID number of contributing federal political committee.	IN-KIND- PRINTING
	Name of Employer Occupation CORPORATE SECURITY SPECIALISTS, INC. SECURITY SPECIALIST	Transaction ID: SA17.248990
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL HOLLOWAY	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Mailing Address 1937 W. PALMETTO ST	Amount of Each Receipt this Period -100.00
	City State Zip Code FLORENCE SC 29501-3916	CONTRIBUTION
	FEC ID number of contributing federal political committee.	[MEMO ITEM] REFUND
	Name of Employer Occupation SELF-EMPLOYED CRNA	Transaction ID: SA17.249194
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) NATHAN HOWARD	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Mailing Address 9191 GARLAND RD APT 817	Amount of Each Receipt this Period -50.00
	City State Zip Code DALLAS TX 75218-3973	CONTRIBUTION
	FEC ID number of contributing federal political committee.	[MEMO ITEM] REFUND
	Name of Employer Occupation TEXAS INSTRUMENTS ELECTRICAL ENGINEER	Transaction ID: SA17.249107
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	20.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. WALTER R. HOWELL, III		Date of Receipt																				
Mailing Address 415 TIMBER BRANCH PKWY.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code ALEXANDRIA VA 22302-4224	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	-500.00																					
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	CONTRIBUTION <del>MEMORITUM</del> REFUND Transaction ID: SA17.249165																				

<b>B.</b> Full Name (Last, First, Middle Initial) MR. WILLIAM F. JENKINS, JR.		Date of Receipt																				
Mailing Address 954 WILKENSON ROAD N.E.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	3		2	0	0	8													
City State Zip Code CLEVELAND TN 37323-5471	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	-2300.00																					
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	CONTRIBUTION <del>MEMORITUM</del> REFUND Transaction ID: SA17.249011																				

<b>C.</b> Full Name (Last, First, Middle Initial) MR. BRIAN JAY JENSEN		Date of Receipt																				
Mailing Address 239 BOB WHITE TRAIL		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code SEVIERVILLE TN 37876-1371	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	-500.00																					
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	CONTRIBUTION <del>MEMORITUM</del> REFUND Transaction ID: SA17.249099																				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. LEONA JOHNSTON	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 11011 N. ZEPHYR DRIVE UNIT 115	Amount of Each Receipt this Period 50.00
	City State Zip Code FOUNTAIN HILLS AZ 85268-5505	CONTRIBUTION
	FEC ID number of contributing federal political committee.	IN-KIND- PRINTING
	Name of Employer Occupation RETIRED	Transaction ID: SA17.248991
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT C. KINSER	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 68 W. OAKVIEW ROAD	Amount of Each Receipt this Period 100.00
	City State Zip Code ASHEVILLE NC 28806-1433	CONTRIBUTION
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation RETIRED	Transaction ID: SA17.248962
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. TIMOTHY KNIGHT	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 1059 BLACK RUSH CIRCLE	Amount of Each Receipt this Period -500.00
	City State Zip Code MOUNT PLEASANT SC 29466-8082	CONTRIBUTION
	FEC ID number of contributing federal political committee.	[MEMO ITEM] REFUND
	Name of Employer Occupation SELF EMPLOYED	Transaction ID: SA17.249012
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. ROBERT KOWALSKI		Date of Receipt
Mailing Address 45573 N TERRITORIAL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 1 / 2 0 0 8
City State Zip Code PLYMOUTH MI 48170-2955	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249039
Name of Employer SELF-EMPLOYED	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MS. LEIGHTA M. LAITINEN		Date of Receipt
Mailing Address 811 FOREST AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code JOHNSON CITY TN 37601-3319	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249151
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. H. D. LAMBERT		Date of Receipt
Mailing Address 1211 S. HERITAGE DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code MARYVILLE TN 37803-6413	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249097
Name of Employer	Occupation RETIRED	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. FRANK F. LAWRENCE	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 40 ALGIE NEELY ROAD	Amount of Each Receipt this Period -2300.00
	City State Zip Code JACKSON TN 38301-9672	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation S.M. LAWRENCE COMPANY MECHANICAL ENGINEER	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249178

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. LOIS A. LEAVENGOOD	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 2690 FOXGLOVE LOOP SE	Amount of Each Receipt this Period -100.00
	City State Zip Code ALBANY OR 97322-7107	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation RETIRED	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249109

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. BYRON LEFLORE, JR.	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 117 CRESCENT	Amount of Each Receipt this Period -2300.00
	City State Zip Code SAN ANTONIO TX 78209-5219	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation ARGONANT GROUP ATTORNEY	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249131

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 321
	(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.

<b>A.</b> Full Name (Last, First, Middle Initial) MR. FRANCIS P. LEHAR		Date of Receipt																				
Mailing Address P.O. BOX 1482		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code MANCHESTER MA 01944-0856	Amount of Each Receipt this Period -100.00																					
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249146																				
Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation RETIRED  Election Cycle-to-Date ▼ 2300.00																					

<b>B.</b> Full Name (Last, First, Middle Initial) MR. DAVID W. LEVINSON		Date of Receipt																				
Mailing Address 11 E. 69TH STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code NEW YORK NY 10021-4905	Amount of Each Receipt this Period -2300.00																					
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249142																				
Name of Employer L. & L. HOLDING COMPANY L.L.C. Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REAL ESTATE INVESTOR  Election Cycle-to-Date ▼ 2300.00																					

<b>C.</b> Full Name (Last, First, Middle Initial) MR. WILLIAM LINK		Date of Receipt																				
Mailing Address 5953 SEDBERRY ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code NASHVILLE TN 37205-3249	Amount of Each Receipt this Period -150.00																					
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249184																				
Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation RETIRED  Election Cycle-to-Date ▼ 2300.00																					

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. HOWARD M. LORBER Mailing Address 70 E. SUNRISE HIGHWAY SUITE 411 City State Zip Code VALLEY STREAM NY 11581-1233 FEC ID number of contributing federal political committee.	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Receipt this Period -700.00
	Name of Employer Occupation DOUGLAS ELLIMAN/VECTOR GR- REAL ESTATE EXECUTIVE OUP Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Election Cycle-to-Date ▼ 2300.00 <b>CONTRIBUTION</b> <b>[MEMO ITEM]</b> REFUND <b>Transaction ID: SA17.249147</b>

<b>B.</b> Full Name (Last, First, Middle Initial) MS. THEA LORBER Mailing Address 439 HALSEY NECK LANE City State Zip Code SOUTHAMPTON NY 11968-4611 FEC ID number of contributing federal political committee.	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Receipt this Period -700.00
	Name of Employer Occupation HOME MAKER Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Election Cycle-to-Date ▼ 2300.00 <b>CONTRIBUTION</b> <b>[MEMO ITEM]</b> REFUND <b>Transaction ID: SA17.249148</b>

<b>C.</b> Full Name (Last, First, Middle Initial) MR. JOSEPH G. LUBECK Mailing Address 825 PARKWAY STREET City State Zip Code JUPITER FL 33477-7347 FEC ID number of contributing federal political committee.	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Receipt this Period -1000.00
	Name of Employer Occupation LANDMARK RESIDENTIAL ATTORNEY Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Election Cycle-to-Date ▼ 2300.00 <b>CONTRIBUTION</b> <b>[MEMO ITEM]</b> REFUND <b>Transaction ID: SA17.249122</b>

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

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. GRANT H. LYNN		Date of Receipt
Mailing Address 3201 SKYCREST CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 01 / 2008
City State Zip Code SALT LAKE CITY UT 84108-1611		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		-450.00
Name of Employer Occupation SELF-EMPLOYED FINANCIAL PLANNER		CONTRIBUTION
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] REFUND
Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.248952

<b>B.</b> Full Name (Last, First, Middle Initial) MR. BRIAN H. MADDEN		Date of Receipt
Mailing Address 97 SHARON LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 29 / 2008
City State Zip Code GREENLAWN NY 11740-2808		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		-2300.00
Name of Employer Occupation LIBERTY TITLE AGENCY EXECUTIVE		CONTRIBUTION
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] REFUND
Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.249083

<b>C.</b> Full Name (Last, First, Middle Initial) GERALD MALONE		Date of Receipt
Mailing Address 9448 LYNDAL AVE SOUTH		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 14 / 2008
City State Zip Code BLOOMINGTON MN 55420-4246		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		-200.00
Name of Employer Occupation SELF UNDEREMPLOYED		CONTRIBUTION
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CHARGED BACK
Election Cycle-to-Date ▼ 400.00		Transaction ID: SA17.249216

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	-200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. LESLIE EUGENE MCCLELLAND		Date of Receipt
Mailing Address 6150 MARIETTA ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code LANCASTER OH 43130-0310	Amount of Each Receipt this Period -2029.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249100
Name of Employer CYRIL SCOTT COMPANY	Occupation OFFICE WORK	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. ROBERT MCGANN		Date of Receipt
Mailing Address 606 RILEY TRAIL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code CEDAR PARK TX 78613-7430	Amount of Each Receipt this Period -500.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249081
Name of Employer SECURE GROWTH L.L.C.	Occupation SELF-EMPLOYED	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DOM MEFFE		Date of Receipt
Mailing Address 6010 BLAKEFORD DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code WINDERMERE FL 34786-5601	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249119
Name of Employer TRIAD ISOTOPE, INC.	Occupation HEALTHCARE EXECUTIVE	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

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

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 321				
	<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b> Full Name (Last, First, Middle Initial) CURTIS E. MEIER		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 8
Mailing Address 4721 ROAD 18		Amount of Each Receipt this Period -100.00
City State Zip Code LAGRANGE WY 82221-8410	Amount of Each Receipt this Period -100.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND
Name of Employer AGRICULTURE	Occupation SELF-EMPLOYED	Transaction ID: SA17.249014
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) KELLY A. MELIUS		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
Mailing Address 2 WHITEWOOD CT		Amount of Each Receipt this Period -2300.00
City State Zip Code HUNTINGTON NY 11743-6025	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND
Name of Employer OHEKA MANAGEMENT CORP	Occupation CATERING SALES	Transaction ID: SA17.249153
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MRS. JANE KAY MILLER		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
Mailing Address 12275 N. OGDEN POINT ROAD #112		Amount of Each Receipt this Period -2300.00
City State Zip Code SYRACUSE IN 46567-9700	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND
Name of Employer	Occupation RETIRED	Transaction ID: SA17.249105
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

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

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. RIP MILLER		Date of Receipt
Mailing Address 3600 BALCONES DR.		M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code AUSTIN TX 78731-5804	Amount of Each Receipt this Period -1800.00	
FEC ID number of contributing federal political committee.		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	CONTRIBUTION [MEMO ITEM] REFUND Transaction ID: SA17.249173

<b>B.</b> Full Name (Last, First, Middle Initial) MR. V. RICHARD MILLER		Date of Receipt
Mailing Address 12275 N. OGDEN POINT ROAD UNIT 112		M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code SYRACUSE IN 46567-9700	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	CONTRIBUTION [MEMO ITEM] REFUND Transaction ID: SA17.249106

<b>C.</b> Full Name (Last, First, Middle Initial) MR. ROBERT C. MIMMS		Date of Receipt
Mailing Address 780 OLD ROSWELL PLACE SUITE 100		M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code ROSWELL GA 30076-1627	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	CONTRIBUTION [MEMO ITEM] REFUND Transaction ID: SA17.249159

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. JOHN T. MOORE		Date of Receipt
Mailing Address 7 OLD FIELD ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code SETAUKET NY 11733-2259	Amount of Each Receipt this Period -2000.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249199
Name of Employer MARWOOD GROUP	Occupation CHAIRMAN & CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. CHARLES E. MUNCATCHY		Date of Receipt
Mailing Address 1445 S.E. 21ST LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code CAPE CORAL FL 33990-4665	Amount of Each Receipt this Period -20.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249133
Name of Employer	Occupation RETIRED	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. FRANCIS P. MURPHY		Date of Receipt
Mailing Address 2720 GREEN TEE DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 1 / 2 0 0 8
City State Zip Code PEARLAND TX 77581-5021	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249041
Name of Employer	Occupation RETIRED	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

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

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 321				
	<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. ROBERT NAEGELE, JR.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 8	
Mailing Address 7993 VIA VECCHIA		Amount of Each Receipt this Period -200.00	
City State Zip Code NAPLES FL 34108-7531	FEC ID number of contributing federal political committee.		
Name of Employer SELF-EMPLOYED	Occupation BUSINESS OWNER	CONTRIBUTION [MEMO ITEM] REFUND	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249007	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. RICHARD T. NASTI		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
Mailing Address 42 WOODLAWN AVENUE		Amount of Each Receipt this Period -2300.00	
City State Zip Code NEW ROCHELLE NY 10804-4619	FEC ID number of contributing federal political committee.		
Name of Employer H.J. KALIKOW & COMPANY	Occupation EXECUTIVE	CONTRIBUTION [MEMO ITEM] REFUND	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249197	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. CARL ANTHONY NEFF		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8	
Mailing Address 8187 STATE ROUTE 43		Amount of Each Receipt this Period -100.00	
City State Zip Code STREETSBORO OH 44241-5864	FEC ID number of contributing federal political committee.		
Name of Employer	Occupation RETIRED	CONTRIBUTION [MEMO ITEM] REFUND	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.248950	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. CARL ANTHONY NEFF		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8	
Mailing Address 8187 STATE ROUTE 43		Amount of Each Receipt this Period -100.00	
City State Zip Code STREETSBORO OH 44241-5864	Amount of Each Receipt this Period -100.00		
FEC ID number of contributing federal political committee.		CONTRIBUTION <b>[MEMO ITEM]</b> REFUND	
Name of Employer Occupation RETIRED	Transaction ID: SA17.248951		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR. WILBUR L. NIEMAN		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 8	
Mailing Address 5141 E. COUNTY ROAD 100 S.		Amount of Each Receipt this Period 100.00	
City State Zip Code SEYMOUR IN 47274-8642	CONTRIBUTION		
FEC ID number of contributing federal political committee.		Transaction ID: SA17.248918	
Name of Employer Occupation RETIRED	Transaction ID: SA17.248918		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 465.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. ROBERT PASCUCCI		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
Mailing Address 277 NORTHERN BLVD.		Amount of Each Receipt this Period -2300.00	
City State Zip Code GREAT NECK NY 11021-4703	CONTRIBUTION <b>[MEMO ITEM]</b> REFUND		
FEC ID number of contributing federal political committee.		Transaction ID: SA17.249174	
Name of Employer Occupation PRESIDENT	Transaction ID: SA17.249174		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 321
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<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)  
Friends of Fred Thompson, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOSEPH H. PILLER	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 3801 F.M. 1829	Amount of Each Receipt this Period -2300.00
	City State Zip Code GATESVILLE TX 76528	
	FEC ID number of contributing federal political committee.	
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION [MEMORITEM] REFUND Transaction ID: SA17.249168
	Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. LESLIE P. POPE	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address P.O. BOX 5709	Amount of Each Receipt this Period -2300.00
	City State Zip Code JOHNSON CITY TN 37602-5709	
	FEC ID number of contributing federal political committee.	
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION [MEMORITEM] REFUND Transaction ID: SA17.249137
	Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. FRED A. POTTER	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address P.O. BOX 538	Amount of Each Receipt this Period -2300.00
	City State Zip Code ROAN MOUNTAIN TN 37687-0538	
	FEC ID number of contributing federal political committee.	
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION [MEMORITEM] REFUND Transaction ID: SA17.249138
	Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 2300.00	

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

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL F. PUNTILLO, SR.	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 277 NORTHERN BLVD.	Amount of Each Receipt this Period -2300.00
	City State Zip Code GREAT NECK NY 11021-4703	
	FEC ID number of contributing federal political committee.	
Name of Employer JOBSCO REALTY & CONSTRUCTION, INC.	Occupation PRINCIPAL/FOUNDER	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	
		Transaction ID: SA17.249163

<b>B.</b>	Full Name (Last, First, Middle Initial) FRANK RAVIOLA	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 861 FREDERICK COMMONS	Amount of Each Receipt this Period -500.00
	City State Zip Code SAN JOSE CA 95126-4854	
	FEC ID number of contributing federal political committee.	
Name of Employer MICRO ANALYTICAL	Occupation LABORATORY DIRECTOR	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	
		Transaction ID: SA17.249096

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. CHARLES H. RENFROE	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 9 OLD PACES PLACE NW	Amount of Each Receipt this Period -200.00
	City State Zip Code ATLANTA GA 30327-2469	
	FEC ID number of contributing federal political committee.	
Name of Employer RENFROE ENTERPRISES	Occupation C.E.O.	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	
		Transaction ID: SA17.249118

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) WILLIAM RITCHIE		Date of Receipt
Mailing Address 5302 BROOKWAY DR		<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> 0 2 / <input type="checkbox"/> 2 9 / <input type="checkbox"/> 2 0 0 8
City State Zip Code BETHESDA MD 20816-1308		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		-950.00
Name of Employer Occupation N/A RETIRED		CONTRIBUTION
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] REFUND
Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.249090

<b>B.</b> Full Name (Last, First, Middle Initial) MR. KENNETH M. ROBINETTE, JR.		Date of Receipt
Mailing Address 3056 HIGHWAY 81 S.		<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> 0 2 / <input type="checkbox"/> 2 9 / <input type="checkbox"/> 2 0 0 8
City State Zip Code JONESBOROUGH TN 37659-6912		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		-2300.00
Name of Employer Occupation DECANTER MACHINE, INC MANAGER		CONTRIBUTION
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] REFUND
Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.249139

<b>C.</b> Full Name (Last, First, Middle Initial) MR. WINSTON ROBINSON		Date of Receipt
Mailing Address 4 LIS COURT		<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> 0 2 / <input type="checkbox"/> 2 9 / <input type="checkbox"/> 2 0 0 8
City State Zip Code SAYREVILLE NJ 08872-2228		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		-100.00
Name of Employer Occupation SELF-EMPLOYED ENGINEER/RE DEVELOPER		CONTRIBUTION
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] REFUND
Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.249183

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 321
	(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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JAMES H. ROWE, III	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 3915 49TH STREET N.W.	Amount of Each Receipt this Period -1300.00
	City State Zip Code WASHINGTON DC 20016-2319	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation JAMES MINTZ GROUP, INC VICE PRESIDENT	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249006

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. EMERSON EDWARD RUSSELL, JR.	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 574 MILLER ROAD	Amount of Each Receipt this Period -1900.00
	City State Zip Code SIGNAL MOUNTAIN TN 37377-7658	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation E.R.M.C. VICE PRESIDENT BUSINESS DEVELOPMENT	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249120

<b>C.</b>	Full Name (Last, First, Middle Initial) GINGER SAMPLES	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 1551 UPPER E. VALLEY RD.	Amount of Each Receipt this Period -250.00
	City State Zip Code PIKEVILLE TN 37367-3859	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation FLETCHER BRIGHT COM. REAL ESTATE	CONTRIBUTION [MEMO ITEM] REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249193

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. BARRY F. SCHWARTZ	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 35 E. 62ND STREET	Amount of Each Receipt this Period -2300.00
	City State Zip Code NEW YORK NY 10065-8014	
	FEC ID number of contributing federal political committee.	
Name of Employer MAC ANDREWS & FORBES HOLDINGS INC	Occupation VICE CHAIRMAN	CONTRIBUTION
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	[MEMO ITEM] REFUND
		Transaction ID: SA17.249167

<b>B.</b>	Full Name (Last, First, Middle Initial) PETER SHERMAN	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 4038 COURTSIRE DR.	Amount of Each Receipt this Period -700.00
	City State Zip Code DALLAS TX 75229-2839	
	FEC ID number of contributing federal political committee.	
Name of Employer SHERMCO INDUSTRIES	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	[MEMO ITEM] REFUND
		Transaction ID: SA17.249116

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. BILLIE E. SHIELDS	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 1222 OAK MEADOW BLVD.	Amount of Each Receipt this Period -650.00
	City State Zip Code JONESBORO AR 72401-5247	
	FEC ID number of contributing federal political committee.	
Name of Employer	Occupation RETIRED	CONTRIBUTION
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	[MEMO ITEM] REFUND
		Transaction ID: SA17.249113

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

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. LYN SILKE		Date of Receipt																				
Mailing Address 956 HILLCREST DRIVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	1	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	0	1	/	2	0	0	8													
City State Zip Code CAMBRIA CA 93428-2502	Amount of Each Receipt this Period -400.00																					
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.248955																				
Name of Employer	Occupation																					
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation RETIRED  Election Cycle-to-Date ▼ 2500.00																					

<b>B.</b> Full Name (Last, First, Middle Initial) MR. DAVID E. SKAGGS		Date of Receipt																				
Mailing Address 1853 N. SEDGWICK STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	5	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	5	/	2	0	0	8													
City State Zip Code WICHITA KS 67203-1565	Amount of Each Receipt this Period -540.00																					
FEC ID number of contributing federal political committee.		CONTRIBUTION  CHARGED BACK  Transaction ID: SA17.249072																				
Name of Employer	Occupation																					
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation RETIRED  Election Cycle-to-Date ▼ 130.00																					

<b>C.</b> Full Name (Last, First, Middle Initial) MR. THOMAS W. SMITH		Date of Receipt																				
Mailing Address 5250 VIRGINIA WAY SUITE 100		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	1	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	1	/	2	0	0	8													
City State Zip Code BRENTWOOD TN 37027-7575	Amount of Each Receipt this Period -2300.00																					
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249042																				
Name of Employer	Occupation																					
Name of Employer SPARKLE CLEAN, L.L.C.  Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation DIRECTOR OF OPERATIONS  Election Cycle-to-Date ▼ 2300.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	-540.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. MARVIN STOKELY Mailing Address 455 POINTE VISTA DRIVE City State Zip Code ELIZABETH CITY NC 27909-7784 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 Amount of Each Receipt this Period -300.00
Name of Employer Occupation RETIREED Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00		CONTRIBUTION <b>[MEMO ITEM]</b> REFUND Transaction ID: SA17.249189

<b>B.</b> Full Name (Last, First, Middle Initial) MR. BENJAMIN JENNINGS STONE, III Mailing Address 10207 E. HUNTER VALLEY ROAD City State Zip Code VIENNA VA 22181-3011 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 Amount of Each Receipt this Period -2300.00
Name of Employer Occupation STONE RSH, INC. RESTAURATEUR Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00		CONTRIBUTION <b>[MEMO ITEM]</b> REFUND Transaction ID: SA17.249182

<b>C.</b> Full Name (Last, First, Middle Initial) MR. STUART SUBOTNICK Mailing Address 425 E. 58TH STREET #47H City State Zip Code NEW YORK NY 10022-2300 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 Amount of Each Receipt this Period -2300.00
Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00		CONTRIBUTION <b>[MEMO ITEM]</b> REFUND Transaction ID: SA17.249155

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. JUANITA W. SUMMERS		Date of Receipt <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 02 / 29 / 2008	
Mailing Address P.O. BOX 1628		Amount of Each Receipt this Period <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -2300.00	
City ELIZABETHTON	State TN	Zip Code 37644-1628	
FEC ID number of contributing federal political committee. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		CONTRIBUTION <b>[MEMO ITEM]</b> REFUND	
Name of Employer <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation HOMEMAKER Election Cycle-to-Date ▼ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Transaction ID: SA17.249136	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. ROBERT T. SUMMERS		Date of Receipt <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 02 / 29 / 2008	
Mailing Address P.O. BOX 1628		Amount of Each Receipt this Period <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -2300.00	
City ELIZABETHTON	State TN	Zip Code 37644-1628	
FEC ID number of contributing federal political committee. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		CONTRIBUTION <b>[MEMO ITEM]</b> REFUND	
Name of Employer SUMMERS TAYLOR INC. <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CONSTRUCTION Election Cycle-to-Date ▼ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Transaction ID: SA17.249135	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. GARY A. TAYLOR		Date of Receipt <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 02 / 29 / 2008	
Mailing Address 85A STONEBROOK PLACE		Amount of Each Receipt this Period <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -2300.00	
City JACKSON	State TN	Zip Code 38305-3653	
FEC ID number of contributing federal political committee. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		CONTRIBUTION <b>[MEMO ITEM]</b> REFUND	
Name of Employer SELF-EMPLOYED <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation COMMERCE RETAIL DEVELOPER Election Cycle-to-Date ▼ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Transaction ID: SA17.249177	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) JUDITH TAYLOR		Date of Receipt
Mailing Address 485 HARBORSIDE ST, #100		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code WOODBIDGE VA 22191-5457		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		-300.00
Name of Employer Occupation SBA FINANCIAL ANALYST/ATTORNEY		CONTRIBUTION
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] REFUND
Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.249079

<b>B.</b> Full Name (Last, First, Middle Initial) MRS. LISA H. TAYLOR		Date of Receipt
Mailing Address 85A STONEBROOK PLACE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code JACKSON TN 38305-3653		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		-2300.00
Name of Employer Occupation SELF-EMPLOYED RETAIL OWNER		CONTRIBUTION
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] REFUND
Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.249176

<b>C.</b> Full Name (Last, First, Middle Initial) MS. JEWEL L. THOMAS		Date of Receipt
Mailing Address 3396 335TH STREET LOT 113		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code NEOLA IA 51559-5507		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		-135.00
Name of Employer Occupation RETIRED		CONTRIBUTION
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] REFUND
Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.249164

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. DAN C. TUTCHER		Date of Receipt																				
Mailing Address ONE SHADDER WAY		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code HOUSTON TX 77019-1415	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		-2300.00																				
Name of Employer	Occupation	CONTRIBUTION [MEMO ITEM] REFUND																				
	RETIRED																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249089																				

<b>B.</b> Full Name (Last, First, Middle Initial) MRS. KIM TUTCHER		Date of Receipt																				
Mailing Address ONE SHADDER WAY		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code HOUSTON TX 77019-1415	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		-2300.00																				
Name of Employer	Occupation	CONTRIBUTION [MEMO ITEM] REFUND																				
	HOMEMAKER																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249140																				

<b>C.</b> Full Name (Last, First, Middle Initial) MRS. JULIE VANDERMOST		Date of Receipt																				
Mailing Address 27312 CALLE ARROYO		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code SAN JACINTO CA 92675-2768	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		-1700.00																				
Name of Employer	Occupation	CONTRIBUTION [MEMO ITEM] REFUND																				
VANDERMOST CONSULTING	CONSULTANT																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249098																				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 321
	(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.

<b>A.</b> Full Name (Last, First, Middle Initial) MR. CARROLL R. WALKER		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 8	
Mailing Address 102 RUE MARSEILLE		Amount of Each Receipt this Period -3300.00	
City State Zip Code DAYTON OH 45429-1879	FEC ID number of contributing federal political committee.		
Name of Employer Occupation RETIRED	CONTRIBUTION <b>[MEMO ITEM]</b> REFUND		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.249004

<b>B.</b> Full Name (Last, First, Middle Initial) HUGH WALL		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
Mailing Address 3112 COTTRELL DRIVE		Amount of Each Receipt this Period -2300.00	
City State Zip Code FLOWER MOUND TX 75022-2911	FEC ID number of contributing federal political committee.		
Name of Employer Occupation REAL ESTATE INVESTMENT	CONTRIBUTION <b>[MEMO ITEM]</b> REFUND		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.249124

<b>C.</b> Full Name (Last, First, Middle Initial) MRS. SALLY WALLACE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
Mailing Address 981 TURKEY CREEK LANE		Amount of Each Receipt this Period -2300.00	
City State Zip Code BEECH BLUFF TN 38313	FEC ID number of contributing federal political committee.		
Name of Employer Occupation CONTRACTOR	CONTRIBUTION <b>[MEMO ITEM]</b> REFUND		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17.249143

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MRS. ANNE B. WALSH		Date of Receipt
Mailing Address 2 GLEN CREEK LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code SAINT LOUIS MO 63124-1505	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249191
Name of Employer GUGGENHEIM PARTNERS	Occupation INVESTMENTS MANAGER	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. THOMAS M. WALSH		Date of Receipt
Mailing Address 2 GLEN CREEK LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
City State Zip Code SAINT LOUIS MO 63124-1505	Amount of Each Receipt this Period -2300.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] REFUND  Transaction ID: SA17.249190
Name of Employer SONNENSCHNEIN, NATH & ROSE-NTHAL, L.L.P.	Occupation ATTORNEY	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. RICHARD B. WALTER		Date of Receipt
Mailing Address 8210 SCENIC RIDGE COVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 3 / 2 0 0 8
City State Zip Code AUSTIN TX 78735-1626	Amount of Each Receipt this Period -1363.77	
FEC ID number of contributing federal political committee.		CONTRIBUTION CHECK RETURNED BY BANK  Transaction ID: SA17.249203
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> -1363.77
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 321
	(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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. JANE COMBS WARNOCK	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 309 MIDVALE TERRACE	Amount of Each Receipt this Period -460.00
	City State Zip Code SEBASTIAN FL 32958-6615	CONTRIBUTION
	FEC ID number of contributing federal political committee.	[MEMO ITEM]
	Name of Employer Occupation RETIREED	REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249160

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT WATSON	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 4505 RIVER OAKS RD	Amount of Each Receipt this Period -500.00
	City State Zip Code LAKE WYLIE SC 29710-7027	CONTRIBUTION
	FEC ID number of contributing federal political committee.	CHARGED BACK
	Name of Employer Occupation WATSON INSURANCE INSURANCE SALES	Transaction ID: SA17.249067
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 0.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) GEORGE J. WERNETTE	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 1039 MOUNTAIN AIR CT.	Amount of Each Receipt this Period -2300.00
	City State Zip Code RENO NV 89511-5358	CONTRIBUTION
	FEC ID number of contributing federal political committee.	[MEMO ITEM]
	Name of Employer Occupation TRI TOOL INC. PRESIDENT	REFUND
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: SA17.249077

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	-500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. JOSEPH WIESELBERG		Date of Receipt																				
Mailing Address 16970 S.W. 90 AVENUE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	3		2	0	0	8													
City State Zip Code MIAMI FL 33157-4503	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		-2300.00																				
Name of Employer CONCORDE PROPERTIES	Occupation REAL ESTATE	CONTRIBUTION																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	[MEMO ITEM] REFUND																				
		Transaction ID: SA17.249003																				

<b>B.</b> Full Name (Last, First, Middle Initial) HON. C. HOWARD WILKINS, JR.		Date of Receipt																				
Mailing Address 3030 K. STREET NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code WASHINGTON DC 20007-5104	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		-700.00																				
Name of Employer SELF-EMPLOYED	Occupation INVESTOR	CONTRIBUTION																				
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	[MEMO ITEM] REFUND																				
		Transaction ID: SA17.249134																				

<b>C.</b> Full Name (Last, First, Middle Initial) MR. MARK A. ZIUS		Date of Receipt																				
Mailing Address P.O. BOX 2306		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	3		2	0	0	8													
City State Zip Code CLEVELAND TN 37320-2306	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		-2300.00																				
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	CONTRIBUTION																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	[MEMO ITEM] REFUND																				
		Transaction ID: SA17.249010																				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 321
	(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.

<b>A.</b> Full Name (Last, First, Middle Initial) MR. JIMMY M. IRWIN, SR Mailing Address 2668 SPENCER MILL ROAD City State Zip Code BON AQUA TN 37025-5113 FEC ID number of contributing federal political committee.		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Receipt this Period 125.00	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	3		2	0	0	8													
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 125.00 <b>CONTRIBUTION [MEMO ITEM]</b> Transaction ID: SA17.249030																				

<b>B.</b> Full Name (Last, First, Middle Initial) MR. JIMMY M. IRWIN, JR. Mailing Address 2668 SPENCER MILL ROAD City State Zip Code BON AQUA TN 37025-5113 FEC ID number of contributing federal political committee.		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Receipt this Period 125.00	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	3		2	0	0	8													
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 125.00 <b>CONTRIBUTION [MEMO ITEM]</b> Transaction ID: SA17.249031																				

<b>C.</b> Full Name (Last, First, Middle Initial) FELLOWSHIP CONSTRUCTION L.L.C. Mailing Address P.O. BOX 220 City State Zip Code BON AQUA TN 37025-0220 FEC ID number of contributing federal political committee.		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Amount of Each Receipt this Period 250.00	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	2		2	0	0	7													
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Election Cycle-to-Date ▼ 0.00 <b>CONTRIBUTION [MEMO ITEM]</b> SEE ATTRIBUTION BELOW Transaction ID: SA17.158596																				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 321
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. W. BART JENKINS		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 8	
Mailing Address 10301 COGDILL ROAD, SUITE 304		Amount of Each Receipt this Period 500.00	
City KNOXVILLE	State TN	Zip Code 37932-3423	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM]	
Name of Employer JENKINS & STILES, LLC	Occupation PRESIDENT	Transaction ID: SA17.248988	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR. M. TODD STILES		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 8	
Mailing Address 10301 COGDILL ROAD, SUITE 304		Amount of Each Receipt this Period 500.00	
City KNOXVILLE	State TN	Zip Code 37932-3423	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM]	
Name of Employer JENKINS & STILES, LLC	Occupation VICE PRESIDENT	Transaction ID: SA17.248989	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) JENKINS & STILES, L.L.C.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 7	
Mailing Address 10301 COGDILL ROAD SUITE 304		Amount of Each Receipt this Period 1000.00	
City KNOXVILLE	State TN	Zip Code 37932-3423	
FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] SEE ATTRIBUTION BELOW	
Name of Employer	Occupation	Transaction ID: SA17.197314	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 0.00		

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



# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 321  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<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)  
Friends of Fred Thompson, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) LYNN JONES		Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address P.O. BOX 4193		Amount of Each Receipt this Period 1000.00
	City CLEVELAND	State TN	
	FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM]  Transaction ID: SA17.248944
	Name of Employer LYNNCO PROPERTIES, LLC	Occupation OWNER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) LYNNCO PROPERTIES, L.L.C.		Date of Receipt MM / DD / YYYY 12 / 17 / 2007
	Mailing Address P.O. BOX 4193		Amount of Each Receipt this Period 1000.00
	City CLEVELAND	State TN	
	FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM] SEE ATTRIBUTION BELOW  Transaction ID: SA17.199830
	Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 0.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MARGUERITE A. BROWN		Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 14784 TIMBERBLUFF DRIVE		Amount of Each Receipt this Period 100.00
	City CHESTERFIELD	State MO	
	FEC ID number of contributing federal political committee.		CONTRIBUTION [MEMO ITEM]  Transaction ID: SA17.249035
	Name of Employer PARIC	Occupation HR MANAGER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

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

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 321  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<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)  
Friends of Fred Thompson, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) MR. CHRISTOPHER P. MCKEE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 8	
Mailing Address 19 PORTLAND DR.		Amount of Each Receipt this Period 100.00	
City ST. LOUIS	State MO	Zip Code 63131-3324	CONTRIBUTION [MEMO ITEM]
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer MCEAGLE	Occupation PRESIDENT		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		Transaction ID: SA17.249037

<b>B.</b> Full Name (Last, First, Middle Initial) MARGUERITE A. MCKEE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 8	
Mailing Address 12 DUNLORA LANE		Amount of Each Receipt this Period 300.00	
City ST. LOUIS	State MO	Zip Code 63131-4804	CONTRIBUTION [MEMO ITEM]
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 300.00	
Name of Employer MCEAGLE	Occupation OWNER		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		Transaction ID: SA17.249033

<b>C.</b> Full Name (Last, First, Middle Initial) MR. PAUL J. MCKEE, JR.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 8	
Mailing Address 12 DUNLORA LANE		Amount of Each Receipt this Period 300.00	
City ST. LOUIS	State MO	Zip Code 63131-4804	CONTRIBUTION [MEMO ITEM]
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 300.00	
Name of Employer MCEAGLE	Occupation OWNER		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		Transaction ID: SA17.249032

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 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)  
Friends of Fred Thompson, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. PAUL J. MCKEE, III	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 29 GLENN ABBEY DRIVE	Amount of Each Receipt this Period 100.00
	City State Zip Code SAINT LOUIS MO 63131-2735	CONTRIBUTION [MEMO ITEM]
	FEC ID number of contributing federal political committee.	Transaction ID: SA17.249036
	Name of Employer Occupation PARIC OWNER Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. KATHLEEN J. MITCHELL	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 20 VOUGA LN.	Amount of Each Receipt this Period 100.00
	City State Zip Code FRONTENAC MO 63131-2628	CONTRIBUTION [MEMO ITEM]
	FEC ID number of contributing federal political committee.	Transaction ID: SA17.249034
	Name of Employer Occupation HOMEMAKER Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 200.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MCEAGLE FUND, L.L.C.	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 1001 BOARDWALK SPRINGS PLACE	Amount of Each Receipt this Period 1000.00
	City State Zip Code O'FALLON MO 63368-4778	CONTRIBUTION [MEMO ITEM] SEE ATTRIBUTION BELOW
	FEC ID number of contributing federal political committee.	Transaction ID: SA17.194396
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 0.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 321
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
		<input type="checkbox"/> 17c
		<input type="checkbox"/> 17d
		<input type="checkbox"/> 18
		<input type="checkbox"/> 20b
		<input type="checkbox"/> 20c
		<input type="checkbox"/> 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MORGAN BROTHERS		Date of Receipt
	Mailing Address P.O. BOX 746		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CLARKSVILLE	TN	37041-0746
	FEC ID number of contributing federal political committee.		<input type="text" value=""/>
Name of Employer		Occupation	CONTRIBUTION <b>[MEMO ITEM]</b> REFUND
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2300.00"/>	
		Amount of Each Receipt this Period <input type="text" value="-1700.00"/>	
			Transaction ID: SA17.249013

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="-2675.77"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input checked="" type="checkbox"/> 17c 20b
<input type="checkbox"/> 17b 20a	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b> Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS Mailing Address 200 N. MAIN STREET City State Zip Code MONTICELLO IN 47960-2131 FEC ID number of contributing federal political committee. C00255471 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 724.98		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 Amount of Each Receipt this Period -1275.02 CONTRIBUTION <b>[MEMO ITEM]</b> REFUND Transaction ID: SA17.249202
---	--	--

<b>B.</b> Full Name (Last, First, Middle Initial) RAY MEIER FOR CONGRESS INC. Mailing Address 8600 ELMER HILL ROAD City State Zip Code ROME NY 13440-9313 FEC ID number of contributing federal political committee. C00422220 Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 Amount of Each Receipt this Period -2000.00 CONTRIBUTION <b>[MEMO ITEM]</b> REFUND Transaction ID: SA17.249166
---	--	--

<b>C.</b> Full Name (Last, First, Middle Initial) CECIL STATON FOR STATE SENATE Mailing Address P.O. BOX 26427 City State Zip Code MACON GA 31221-6427 FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 Amount of Each Receipt this Period -300.00 CONTRIBUTION <b>[MEMO ITEM]</b> REFUND Transaction ID: SA17.249200
--	--	---

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input checked="" type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b> Full Name (Last, First, Middle Initial) CECIL STATON FOR STATE SENATE		Date of Receipt																				
Mailing Address P.O. BOX 26427		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code MACON GA 31221-6427	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	-1000.00																					
Name of Employer	Occupation	CONTRIBUTION <b>[MEMO ITEM]</b> REFUND																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00																					
		Transaction ID: SA17.249201																				

<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF MARK LUTTRELL		Date of Receipt																				
Mailing Address 6584 POPLAR AVENUE SUITE 200		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	3		2	0	0	8													
City State Zip Code MEMPHIS TN 38138-0606	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	-1000.00																					
Name of Employer	Occupation	CONTRIBUTION <b>[MEMO ITEM]</b> REFUND																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 0.00																					
		Transaction ID: SA17.248995																				

<b>C.</b> Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS		Date of Receipt																				
Mailing Address 200 N. MAIN STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	9		2	0	0	8													
City State Zip Code MONTICELLO IN 47960-2131	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	-275.02																					
Name of Employer	Occupation	CONTRIBUTION <b>[MEMO ITEM]</b> REFUND																				
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 724.98																					
		Transaction ID: SA17.249121																				

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

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 321
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input checked="" 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.

<b>A.</b> Full Name (Last, First, Middle Initial) MCDONNELL FOR VIRGINIA		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8	
Mailing Address P.O. BOX 62386			
City VIRGINIA BEACH	State VA	Zip Code 23466-2386	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period -500.00	
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	
		<b>CONTRIBUTION</b> <b>[MEMO ITEM]</b> REFUND Transaction ID: SA17.249044	

<b>B.</b> Full Name (Last, First, Middle Initial) GOOD GOVERNMENT FOR AMERICA COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8	
Mailing Address P.O. BOX 87			
City ALEXANDRIA	State VA	Zip Code 22313-0087	
FEC ID number of contributing federal political committee. C00317479		Amount of Each Receipt this Period 4000.00	
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	
		<b>CONTRIBUTION</b> Transaction ID: SA17.248882	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	4000.00

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

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

FOR LINE NUMBER: PAGE 72 / 321

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

<b>A.</b>		Full Name (Last, First, Middle Initial) ALEXANDER FOR SENATE		Date of Receipt	
Mailing Address 1130 8TH AVE S		City NASHVILLE		M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 8	
State TN		Zip Code 37203		Amount of Each Receipt this Period 1687.41	
FEC ID number of contributing federal political committee.		Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		REFUND- EQUIPMENT PURCHASE	
		1687.41		Transaction ID: SA20A.12	

<b>B.</b>		Full Name (Last, First, Middle Initial) MELANIE A EDMONDS		Date of Receipt	
Mailing Address 7216 TURNBORROW LN		City KNOXVILLE		M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 8	
State TN		Zip Code 37918		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee.		Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		REIMBURSEMENT- EQUIPMENT PURCHASE	
		350.00		Transaction ID: SA20A.39	

<b>C.</b>		Full Name (Last, First, Middle Initial) CORINNE A FALENCKI		Date of Receipt	
Mailing Address 557 N PIEDMONT ST		City ARLINGTON		M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 8	
State VA		Zip Code 22203		Amount of Each Receipt this Period 625.00	
FEC ID number of contributing federal political committee.		Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		REIMBURSEMENT- EQUIPMENT PURCHASE	
		625.00		Transaction ID: SA20A.7	

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2662.41

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



# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input checked="" type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) EMILY A FRANDSEN	Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address 522 TERRACE ST	Amount of Each Receipt this Period 550.00
	City State Zip Code TALLAHASSEE FL 32308	REIMBURSEMENT- EQUIPMENT PURCHASE
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.21
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) SOMER GRASSER	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 736 GLOUCESTER FERRY RD	Amount of Each Receipt this Period 450.00
	City State Zip Code GREENVILLE SC 29607	REIMBURSEMENT- EQUIPMENT PURCHASE
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.5
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) TREVOR GRAY	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 11918 CROSSWIND CT	Amount of Each Receipt this Period 550.00
	City State Zip Code RESTON VA 20194	REIMBURSEMENT- EQUIPMENT PURCHASE
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.42
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input checked="" type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) RICHARD HERTLING		Date of Receipt
	Mailing Address 119 HESKETH ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 6 / 2 0 0 8
	City	State	Zip Code
	CHEVY CHASE	MD	20815
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
		550.00	
Name of Employer		Occupation	REIMBURSEMENT- EQUIPMENT PURCHASE
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 550.00	
			Transaction ID: SA20A.1

<b>B.</b>	Full Name (Last, First, Middle Initial) CHARLES KAYHART		Date of Receipt
	Mailing Address 204 HAYNES BLVD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 1 / 2 0 0 8
	City	State	Zip Code
	GREENVILLE	TN	37745
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
		350.00	
Name of Employer		Occupation	REIMBURSEMENT- EQUIPMENT PURCHASE
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	
			Transaction ID: SA20A.41

<b>C.</b>	Full Name (Last, First, Middle Initial) STEPHEN J KIDD		Date of Receipt
	Mailing Address PO BOX 104		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 7 / 2 0 0 8
	City	State	Zip Code
	GREENWOOD	VA	22943
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
		350.00	
Name of Employer		Occupation	REIMBURSEMENT- EQUIPMENT PURCHASE
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	
			Transaction ID: SA20A.23

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 321  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

<b>A.</b> Full Name (Last, First, Middle Initial) WILLIAM LAFORGE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8	
Mailing Address 12609 CAMBERLEY FOREST DR		Amount of Each Receipt this Period 450.00	
City OAK HILL	State VA	Zip Code 20171	REIMBURSEMENT- EQUIPMENT PURCHASE  <b>Transaction ID: SA20A.2</b>
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 450.00	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00		

<b>B.</b> Full Name (Last, First, Middle Initial) SUSAN MALLINI		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8	
Mailing Address 225 POINTE OVERLOOK DR		Amount of Each Receipt this Period 550.00	
City CHAPIN	State SC	Zip Code 29036	REIMBURSEMENT- EQUIPMENT PURCHASE  <b>Transaction ID: SA20A.40</b>
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 550.00	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00		

<b>C.</b> Full Name (Last, First, Middle Initial) AGUSTIN MORALES		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8	
Mailing Address 1381 ALAMEDA DR		Amount of Each Receipt this Period 3100.00	
City SPRING HILL	State FL	Zip Code 34609	REIMBURSEMENT- EQUIPMENT PURCHASE  <b>Transaction ID: SA20A.37</b>
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 3100.00	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 76 / 321</span>
	(check only one)
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b
<input checked="" type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b
<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 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)  
Friends of Fred Thompson, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) ANDREW T PALMER	Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address 742 E COLLEGE AVE	Amount of Each Receipt this Period 550.00
	City State Zip Code TALLAHASSEE FL 32301	REIMBURSEMENT- EQUIPMENT PURCHASE
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00	Transaction ID: SA20A.22

<b>B.</b>	Full Name (Last, First, Middle Initial) ANDREW T PALMER	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 742 E COLLEGE AVE	Amount of Each Receipt this Period 350.00
	City State Zip Code TALLAHASSEE FL 32301	REIMBURSEMENT- EQUIPMENT PURCHASE
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00	Transaction ID: SA20A.43

<b>C.</b>	Full Name (Last, First, Middle Initial) DEAN RICE	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address PO BOX 128349	Amount of Each Receipt this Period 450.00
	City State Zip Code NASHVILLE TN 37212	REIMBURSEMENT- EQUIPMENT PURCHASE
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	Transaction ID: SA20A.3

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input checked="" type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BRYAN ROBERTS	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8
	Mailing Address 210 SEAMON ST	Amount of Each Receipt this Period 3300.00
	City State Zip Code KNOXVILLE TN 37918	REIMBURSEMENT- EQUIPMENT PURCHASE
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.38
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RICHARD H ROBERTS	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8
	Mailing Address 2107 OLD TUSCULUM RD	Amount of Each Receipt this Period 350.00
	City State Zip Code GREENVILLE TN 37745	REIMBURSEMENT- EQUIPMENT PURCHASE
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.35
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) F TODD THOMSON	Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8
	Mailing Address 6388 MALLARD TRACE DR	Amount of Each Receipt this Period 550.00
	City State Zip Code TALLAHASSEE FL 32312	REIMBURSEMENT- EQUIPMENT PURCHASE
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.20
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input checked="" type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID WIPPERMAN	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address PO BOX 128349	Amount of Each Receipt this Period 450.00
	City State Zip Code NASHVILLE TN 37212	
	FEC ID number of contributing federal political committee.	REIMBURSEMENT- EQUIPMENT PURCHASE
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00	
		Transaction ID: SA20A.4

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID WIPPERMAN	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address PO BOX 128349	Amount of Each Receipt this Period 450.00
	City State Zip Code NASHVILLE TN 37212	
	FEC ID number of contributing federal political committee.	REIMBURSEMENT- EQUIPMENT PURCHASE
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00	
		Transaction ID: SA20A.6

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRISTIAN WOELK	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 450 MASSACHUSETTS AVE NW #615	Amount of Each Receipt this Period 686.50
	City State Zip Code WASHINGTON DC 20001	
	FEC ID number of contributing federal political committee.	REIMBURSEMENT- EQUIPMENT PURCHASE
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 686.50	
		Transaction ID: SA20A.17

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1586.50
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 79 / 321</span>
	(check only one)
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b
<input checked="" type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b
<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b> Full Name (Last, First, Middle Initial) JOSEPH A WOODRUFF		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8	
Mailing Address 511 UNION ST STE 2700		Amount of Each Receipt this Period 450.00	
City NASHVILLE	State TN	Zip Code 37219	REIMBURSEMENT- EQUIPMENT PURCHASE  <b>Transaction ID: SA20A.8</b>
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 450.00	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00		

<b>B.</b> Full Name (Last, First, Middle Initial) ABC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8	
Mailing Address 147 COLUMBUS AVE		Amount of Each Receipt this Period 3389.09	
City NEW YORK	State NY	Zip Code 10023	REIMBURSEMENT- TRAVEL  <b>Transaction ID: SA20A.24</b>
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 3389.09	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 12373.80		

<b>C.</b> Full Name (Last, First, Middle Initial) ABC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8	
Mailing Address 147 COLUMBUS AVE		Amount of Each Receipt this Period 3081.70	
City NEW YORK	State NY	Zip Code 10023	REIMBURSEMENT- TRAVEL  <b>Transaction ID: SA20A.48</b>
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 3081.70	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 12373.80		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6920.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 / 321
	(check only one)	
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ABC	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 147 COLUMBUS AVE	Amount of Each Receipt this Period 3081.70
	City State Zip Code NEW YORK NY 10023	
	FEC ID number of contributing federal political committee.	REIMBURSEMENT- TRAVEL
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 12373.80	Transaction ID: SA20A.50

<b>B.</b>	Full Name (Last, First, Middle Initial) CBS NEWS	Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address 524 W 57TH ST	Amount of Each Receipt this Period 3321.82
	City State Zip Code NEW YORK NY 10019	
	FEC ID number of contributing federal political committee.	REIMBURSEMENT- TRAVEL
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5893.68	Transaction ID: SA20A.28

<b>C.</b>	Full Name (Last, First, Middle Initial) CBS NEWS	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 524 W 57TH ST	Amount of Each Receipt this Period 155.93
	City State Zip Code NEW YORK NY 10019	
	FEC ID number of contributing federal political committee.	REIMBURSEMENT- TRAVEL
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5893.68	Transaction ID: SA20A.44

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6559.45
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 321
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b	<input checked="" 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.

<b>A.</b>	Full Name (Last, First, Middle Initial) FITZPATRICK PROPERTIES LLC	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address PO BOX 7941	Amount of Each Receipt this Period 2398.75
	City State Zip Code COLUMBIA SC 29202	REFUND- RENT
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.16
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2398.75	

<b>B.</b>	Full Name (Last, First, Middle Initial) GANNETT	Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address 100 NEW YORK AVE NW STE A	Amount of Each Receipt this Period 2923.29
	City State Zip Code WASHINGTON DC 20005	REIMBURSEMENT- TRAVEL
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.26
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5304.78	

<b>C.</b>	Full Name (Last, First, Middle Initial) GANNETT	Date of Receipt MM / DD / YYYY 02 / 27 / 2008
	Mailing Address 1100 NEW YORK AVE NW STE A	Amount of Each Receipt this Period 1823.58
	City State Zip Code WASHINGTON DC 20005	REIMBURSEMENT- TRAVEL
	FEC ID number of contributing federal political committee.	Transaction ID: SA20A.49
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5304.78	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7145.62
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 321  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

<b>A.</b>		Full Name (Last, First, Middle Initial) HERITAGE COMMUNITY BANK		Date of Receipt	
Mailing Address PO BOX 428				M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 8	
City State Zip Code GREENVILLE TN 37744		FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1705.00	
Name of Employer		Occupation		REFUND- EQUIPMENT PURCHASE	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6055.00		Transaction ID: SA20A.45	

<b>B.</b>		Full Name (Last, First, Middle Initial) HERITAGE COMMUNITY BANK		Date of Receipt	
Mailing Address PO BOX 428				M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 8	
City State Zip Code GREENVILLE TN 37744		FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 4350.00	
Name of Employer		Occupation		REFUND- EQUIPMENT PURCHASE	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6055.00		Transaction ID: SA20A.46	

<b>C.</b>		Full Name (Last, First, Middle Initial) LA TIMES		Date of Receipt	
Mailing Address 202 W 1ST ST				M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8	
City State Zip Code LOS ANGELES CA 90012		FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 508.30	
Name of Employer		Occupation		REIMBURSEMENT- TRAVEL	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1912.14		Transaction ID: SA20A.29	

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6563.30**

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

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input checked="" type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MENTZER MEDIA SERVICES INC		Date of Receipt
	Mailing Address 600 FAIRMOUNT AVE STE 306		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 6 / 2 0 0 8
	City	State	Zip Code
	TOWSON	MD	21286
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer		Occupation	REFUND- MEDIA
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 3600.00
		<input type="text"/>	Transaction ID: SA20A.14

<b>B.</b>	Full Name (Last, First, Middle Initial) POLITICO		Date of Receipt
	Mailing Address 134 6TH AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 7 / 2 0 0 8
	City	State	Zip Code
	BROOKLYN	NY	11217
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer		Occupation	REIMBURSEMENT- TRAVEL
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 18.95
		<input type="text"/>	Transaction ID: SA20A.25

<b>C.</b>	Full Name (Last, First, Middle Initial) POLITICO		Date of Receipt
	Mailing Address 134 6TH AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 3 / 2 0 0 8
	City	State	Zip Code
	BROOKLYN	NY	11217
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer		Occupation	REIMBURSEMENT- TRAVEL
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 21.49
		<input type="text"/>	Transaction ID: SA20A.30

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3640.44
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 321
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input checked="" type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) R Z SAFELY	Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address PO BOX 10095	Amount of Each Receipt this Period 550.00
	City State Zip Code TALLAHASSEE FL 32302	
	FEC ID number of contributing federal political committee.	REFUND- EQUIPMENT PURCHASE
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	
		Transaction ID: SA20A.19

<b>B.</b>	Full Name (Last, First, Middle Initial) REGENCY PLAZA LLC	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 6600 WESTOWN PKY STE 220	Amount of Each Receipt this Period 680.00
	City State Zip Code DES MOINES IA 50266	
	FEC ID number of contributing federal political committee.	REFUND- RENT
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 680.00	
		Transaction ID: SA20A.15

<b>C.</b>	Full Name (Last, First, Middle Initial) REPUBLICAN TRUST BUILDING CORP	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 1913 MARION ST	Amount of Each Receipt this Period 250.00
	City State Zip Code COLUMBIA SC 29201	
	FEC ID number of contributing federal political committee.	REFUND- EQUIPMENT PURCHASE
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
		Transaction ID: SA20A.18

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1480.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 85 / 321</span>
	(check only one)
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b
<input checked="" 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.

<b>A.</b>	Full Name (Last, First, Middle Initial) SCE&G	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 1400 LADY ST	Amount of Each Receipt this Period 307.81
	City State Zip Code COLUMBIA SC 29218	
	FEC ID number of contributing federal political committee.	REFUND- UTILITIES
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 307.81	
		<b>Transaction ID:</b> SA20A.13

<b>B.</b>	Full Name (Last, First, Middle Initial) SCRIPPS	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 1090 VERMONT AVE NW STE 1000	Amount of Each Receipt this Period 424.86
	City State Zip Code WASHINGTON DC 20005	
	FEC ID number of contributing federal political committee.	REIMBURSEMENT- TRAVEL
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 424.86	
		<b>Transaction ID:</b> SA20A.47

<b>C.</b>	Full Name (Last, First, Middle Initial) STARBOARD COMMUNICATIONS	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 1043 BARR RD	Amount of Each Receipt this Period 200.00
	City State Zip Code LEXINGTON SC 29072	
	FEC ID number of contributing federal political committee.	REFUND- FURNITURE PURCHASE
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	
		<b>Transaction ID:</b> SA20A.10

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>932.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 321
	<input type="checkbox"/> 16 19a <input type="checkbox"/> 17a 19b <input checked="" type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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

<b>A.</b> Full Name (Last, First, Middle Initial) STARBOARD COMMUNICATIONS		Date of Receipt
Mailing Address 1043 BARR RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 6 / 2 0 0 8
City State Zip Code LEXINGTON SC 29072		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1050.00
Name of Employer Occupation REFUND- EQUIPMENT PURCHASE		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA20A.9
Election Cycle-to-Date ▼ 1250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) TARGET UP		Date of Receipt
Mailing Address PO BOX 682768		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 6 / 2 0 0 8
City State Zip Code FRANKLIN TN 37068		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		4350.00
Name of Employer Occupation REFUND- EQUIPMENT PURCHASE		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA20A.11
Election Cycle-to-Date ▼ 4350.00		

<b>C.</b> Full Name (Last, First, Middle Initial) THE NEW YORK TIMES		Date of Receipt
Mailing Address 229 WEST 43RD ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 7 / 2 0 0 8
City State Zip Code NEW YORK NY 10001		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		615.90
Name of Employer Occupation REIMBURSEMENT- TRAVEL		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA20A.27
Election Cycle-to-Date ▼ 1719.41		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6015.90
<b>TOTAL</b> This Period (last page this line number only) .....	55957.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 / 321
	(check only one)	
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) WACHOVIA	Date of Receipt
	Mailing Address 230 FOURTH AVE N	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	City State Zip Code NASHVILLE TN 37219	Amount of Each Receipt this Period 3281.87
	FEC ID number of contributing federal political committee.	<input type="text"/>
	Name of Employer Occupation	INTEREST EARNINGS
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 48462.81
		Transaction ID: SA21A.1

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3281.87</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3281.87</b>

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>CHARLES ADAMS</b>	<b>Transaction ID: SB23.52</b>
	Mailing Address 1760 OLD MEADOW RD STE 350	Date of Disbursement MM / DD / YYYY 02 / 21 / 2008
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 360.00
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>ALLISON P BARRETT</b>	<b>Transaction ID: SB23.53</b>
	Mailing Address 1760 OLD MEADOW RD STE 350	Date of Disbursement MM / DD / YYYY 02 / 21 / 2008
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 360.00
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>ALLISON P BARRETT</b>	<b>Transaction ID: SB23.65</b>
	Mailing Address 1760 OLD MEADOW RD STE 350	Date of Disbursement MM / DD / YYYY 02 / 07 / 2008
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 499.90
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1219.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>TERRELL E BENHAM</b>	<b>Transaction ID: SB23.137</b>
	Mailing Address <b>2601 GARDEN BEND</b>	Date of Disbursement MM / DD / YYYY <b>02 / 07 / 2008</b>
	City <b>BENTON</b> State <b>AR</b> Zip Code <b>72015</b>	Amount of Each Disbursement this Period <b>10831.64</b>
	Purpose of Disbursement <b>TRAVEL</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>BRODY BLACK</b>	<b>Transaction ID: SB23.26</b>
	Mailing Address <b>203 WOODY STATION 2</b>	Date of Disbursement MM / DD / YYYY <b>02 / 07 / 2008</b>
	City <b>CHARLOTTESVILLE</b> State <b>VA</b> Zip Code <b>22904</b>	Amount of Each Disbursement this Period <b>125.00</b>
	Purpose of Disbursement <b>STRATEGIC CONSULTING</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>SUZANNE E BROWNING</b>	<b>Transaction ID: SB23.115</b>
	Mailing Address <b>1130 8TH AVE S</b>	Date of Disbursement MM / DD / YYYY <b>02 / 15 / 2008</b>
	City <b>NASHVILLE</b> State <b>TN</b> Zip Code <b>37203</b>	Amount of Each Disbursement this Period <b>3469.90</b>
	Purpose of Disbursement <b>PAYROLL</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>14426.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) SUZANNE E BROWNING	Transaction ID: SB23.116 Date of Disbursement
	Mailing Address 1130 8TH AVE S	<input type="text" value="02"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City NASHVILLE State TN Zip Code 37203	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL Candidate Name	<input type="text" value="3469.90"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="000"/> Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SUZANNE E BROWNING	Transaction ID: SB23.19 Date of Disbursement
	Mailing Address 1130 8TH AVE S	<input type="text" value="02"/> <input type="text" value="20"/> / <input type="text" value="2008"/>
	City NASHVILLE State TN Zip Code 37203	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE Candidate Name	<input type="text" value="83.65"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="000"/> Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) SUZANNE E BROWNING	Transaction ID: SB23.99 Date of Disbursement
	Mailing Address 1130 8TH AVE S	<input type="text" value="02"/> <input type="text" value="07"/> / <input type="text" value="2008"/>
	City NASHVILLE State TN Zip Code 37203	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="1778.04"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="000"/> Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>BLAKE BRYSON</b>	<b>Transaction ID: SB23.36</b> Date of Disbursement 02 / 07 / 2008
	Mailing Address 1700 WADE HAMPTON BLVD	Amount of Each Disbursement this Period 250.00
	City GREENVILLE State SC Zip Code 29614	
	Purpose of Disbursement STRATEGIC CONSULTING Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>BILL BUNTING</b>	<b>Transaction ID: SB23.64</b> Date of Disbursement 02 / 07 / 2008
	Mailing Address PO BOX 5039	Amount of Each Disbursement this Period 492.72
	City HUDSON State FL Zip Code 34674	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>CHRIS BURGER</b>	<b>Transaction ID: SB23.43</b> Date of Disbursement 02 / 07 / 2008
	Mailing Address 1373 LIBERTY PIKE	Amount of Each Disbursement this Period 285.00
	City FRANKLIN State TN Zip Code 37067	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1027.72
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
JOSEPH J CELLA

Transaction ID: SB23.40  
Date of Disbursement

Mailing Address 1760 OLD MEADOW RD STE 350

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	8

City State Zip Code  
MCLEAN VA 22102

Amount of Each Disbursement this Period

270.00
--------

Purpose of Disbursement  
TRAVEL

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
JOSEPH J CELLA

Transaction ID: SB23.76  
Date of Disbursement

Mailing Address 1130 8TH AVE S

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	0	8

City State Zip Code  
NASHVILLE TN 37203

Amount of Each Disbursement this Period

627.88
--------

Purpose of Disbursement  
TRAVEL

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
ELIZABETH CHRISTOFFERSEN

Transaction ID: SB23.45  
Date of Disbursement

Mailing Address 23 W WEBSTER ST

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	0	8

City State Zip Code  
MANCHESTER NH 03104

Amount of Each Disbursement this Period

307.04
--------

Purpose of Disbursement  
TRAVEL

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

1204.92

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DANIEL E CONSTON</b>	<b>Transaction ID: SB23.56</b> Date of Disbursement 02 / 27 / 2008	
	Mailing Address 1760 OLD MEADOW RD STE 350		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period	405.00
	Purpose of Disbursement TRAVEL	000	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ALEX CORTES</b>	<b>Transaction ID: SB23.33</b> Date of Disbursement 02 / 07 / 2008	
	Mailing Address 55 AL WEEDON		
	City CHARLOTTESVILLE State VA Zip Code 22904	Amount of Each Disbursement this Period	215.00
	Purpose of Disbursement STRATEGIC CONSULTING	000	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CRAIG A CRISCOE</b>	<b>Transaction ID: SB23.50</b> Date of Disbursement 02 / 07 / 2008	
	Mailing Address 6421 ROYAL WOODS DR		
	City FORT MYERS State FL Zip Code 33908	Amount of Each Disbursement this Period	352.38
	Purpose of Disbursement TRAVEL	000	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>972.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>SAMUEL T. CRUMP, SR.</b>	<b>Transaction ID:</b> SB23.248992 Date of Disbursement 02 / 21 / 2008	
	Mailing Address 2827 W. ADVENTURE DR.		
	City ANTHEM State AZ Zip Code 85086-1790	Amount of Each Disbursement this Period	65.19
	Purpose of Disbursement IN-KIND- PRINTING Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ANTHONY R DOLAN</b>	<b>Transaction ID:</b> SB23.138 Date of Disbursement 02 / 21 / 2008	
	Mailing Address 6641 WAKEFIELD DR APT 619		
	City ALEXANDRIA State VA Zip Code 22307	Amount of Each Disbursement this Period	11000.00
	Purpose of Disbursement MEDIA Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>JOHN C EASON</b>	<b>Transaction ID:</b> SB23.57 Date of Disbursement 02 / 21 / 2008	
	Mailing Address 1760 OLD MEADOW RD STE 350		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period	405.00
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11470.19</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>RANDY ENWRIGHT</b>	<b>Transaction ID: SB23.93</b> Date of Disbursement 02 / 07 / 2008	
	Mailing Address PO BOX 10362		
	City TALLAHASSEE State FL Zip Code 32302	Amount of Each Disbursement this Period	1359.86
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>CANDY C. FAZAKERLEY</b>	<b>Transaction ID: SB23.249002</b> Date of Disbursement 02 / 05 / 2008	
	Mailing Address P.O. BOX 2070		
	City MIDDLEBURG State VA Zip Code 20118-2070	Amount of Each Disbursement this Period	1350.00
	Purpose of Disbursement IN-KIND- VALET SERVICES REFUNDED \$1,350. Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>CHRISTIAN FINNIGAN</b>	<b>Transaction ID: SB23.68</b> Date of Disbursement 02 / 21 / 2008	
	Mailing Address 1760 OLD MEADOW RD STE 350		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period	585.00
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3294.86</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
CHRISTIAN FINNIGAN

Transaction ID: SB23.82  
Date of Disbursement

Mailing Address 1760 OLD MEADOW RD STE 350

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	0	8

City State Zip Code  
MCLEAN VA 22102

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

749.18
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
TREVOR GARRETT

Transaction ID: SB23.249038  
Date of Disbursement

Mailing Address 1130 8TH AVENUE SOUTH

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City State Zip Code  
NASHVILLE TN 37203-4724

Amount of Each Disbursement this Period

Purpose of Disbursement  
IN-KIND- TRAVEL

000
Category/ Type

183.03
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
TREVOR J GARRETT

Transaction ID: SB23.23  
Date of Disbursement

Mailing Address 1130 8TH AVE S

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	0	8

City State Zip Code  
NASHVILLE TN 37203

Amount of Each Disbursement this Period

Purpose of Disbursement  
PHONE EXPENSE

000
Category/ Type

100.85
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1033.06

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



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>TREVOR J GARRETT</b>	<b>Transaction ID: SB23.79</b> Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	5	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	1	5	/	2	0	0	8														
	Mailing Address 1130 8TH AVE S		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">708.34</td> </tr> </table>	Amount of Each Disbursement this Period										708.34									
Amount of Each Disbursement this Period																							
708.34																							
	City NASHVILLE State TN Zip Code 37203 Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	000	Category/ Type																			
000																							
Category/ Type																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B.	Full Name (Last, First, Middle Initial) <b>TREVOR J GARRETT</b>	<b>Transaction ID: SB23.80</b> Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	9	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	2	9	/	2	0	0	8														
	Mailing Address 1130 8TH AVE S		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">708.34</td> </tr> </table>	Amount of Each Disbursement this Period										708.34									
Amount of Each Disbursement this Period																							
708.34																							
	City NASHVILLE State TN Zip Code 37203 Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	000	Category/ Type																			
000																							
Category/ Type																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C.	Full Name (Last, First, Middle Initial) <b>MICHAEL GASKE</b>	<b>Transaction ID: SB23.155</b> Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	7	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	0	7	/	2	0	0	8														
	Mailing Address 1760 OLD MEADOW RD STE 350		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">-22.02</td> </tr> </table>	Amount of Each Disbursement this Period										-22.02									
Amount of Each Disbursement this Period																							
-22.02																							
	City MCLEAN State VA Zip Code 22102 Purpose of Disbursement VOID CHECK Candidate Name	<table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	000	Category/ Type																			
000																							
Category/ Type																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td style="font-size: 1.2em;"><b>1394.66</b></td> </tr> </table>	<b>1394.66</b>
<b>1394.66</b>		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 98 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) MICHAEL S GASKE	Transaction ID: SB23.62 Date of Disbursement
	Mailing Address 1760 OLD MEADOW RD STE 350	<input type="text" value="02"/> <input type="text" value="21"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="450.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="000"/> Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MICHAEL S GASKE	Transaction ID: SB23.78 Date of Disbursement
	Mailing Address 1760 OLD MEADOW RD STE 350	<input type="text" value="02"/> <input type="text" value="07"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="685.57"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="000"/> Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) KATHERINE M GORDON	Transaction ID: SB23.74 Date of Disbursement
	Mailing Address 2002 GREENWOOD DR	<input type="text" value="02"/> <input type="text" value="21"/> / <input type="text" value="2008"/>
	City TALLAHASSEE State FL Zip Code 32303	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="602.32"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="000"/> Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1737.89"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) BEAU J HAMMOND	Transaction ID: SB23.31 Date of Disbursement
	Mailing Address 1760 OLD MEADOW RD STE 350	<input type="text" value="02"/> <input type="text" value="21"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="180.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="000"/> Category/ Type

B.	Full Name (Last, First, Middle Initial) BEAU J HAMMOND	Transaction ID: SB23.72 Date of Disbursement
	Mailing Address 1760 OLD MEADOW RD STE 350	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL Candidate Name	<input type="text" value="598.09"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="000"/> Category/ Type

C.	Full Name (Last, First, Middle Initial) BEAU J HAMMOND	Transaction ID: SB23.73 Date of Disbursement
	Mailing Address 1760 OLD MEADOW RD STE 350	<input type="text" value="02"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL Candidate Name	<input type="text" value="598.09"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="000"/> Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1376.18"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
RICHARD A HERTLING

Mailing Address 1760 OLD MEADOW RD STE 350

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
PAYROLL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.126  
Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

6911.74

B.

Full Name (Last, First, Middle Initial)  
DONALD R. HESSELBROCK

Mailing Address 10045 N. 58TH PLACE

City SCOTTSDALE State AZ Zip Code 85253-1101

Purpose of Disbursement  
IN-KIND- PRINTING

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.248990  
Date of Disbursement

02 / 21 / 2008

Amount of Each Disbursement this Period

20.00

C.

Full Name (Last, First, Middle Initial)  
BLAIR E HOOD

Mailing Address 1760 OLD MEADOW RD STE 350

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.32  
Date of Disbursement

02 / 21 / 2008

Amount of Each Disbursement this Period

180.00

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

7111.74

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>JORDAN HOSTETTER</b>	<b>Transaction ID: SB23.100</b> Date of Disbursement 02 / 07 / 2008	
	Mailing Address 1717 CROSSFIELD DR		
	City LANCASTER State PA Zip Code 17603	Amount of Each Disbursement this Period	1829.05
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>LEONA JOHNSTON</b>	<b>Transaction ID: SB23.248991</b> Date of Disbursement 02 / 21 / 2008	
	Mailing Address 11011 N. ZEPHYR DRIVE UNIT 115		
	City FOUNTAIN HILLS State AZ Zip Code 85268-5505	Amount of Each Disbursement this Period	50.00
	Purpose of Disbursement IN-KIND- PRINTING Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>JORDAN KAREM</b>	<b>Transaction ID: SB23.114</b> Date of Disbursement 02 / 07 / 2008	
	Mailing Address 211 10TH ST NE		
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period	3287.83
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5166.88</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) RHONDA KING	Transaction ID: SB23.248993 Date of Disbursement 02 / 21 / 2008
	Mailing Address 9901 S. SAN MARCOS CIRCLE	Amount of Each Disbursement this Period 50.00
	City GOODYEAR State AZ Zip Code 85338-7125	
	Purpose of Disbursement IN-KIND- PRINTING Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CLAYTON D LAFORGE	Transaction ID: SB23.69 Date of Disbursement 02 / 21 / 2008
	Mailing Address 1760 OLD MEADOW RD STE 350	Amount of Each Disbursement this Period 585.00
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CLAYTON D LAFORGE	Transaction ID: SB23.81 Date of Disbursement 02 / 07 / 2008
	Mailing Address 1760 OLD MEADOW RD STE 350	Amount of Each Disbursement this Period 723.18
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1358.18

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) LEAH G LEVY	Transaction ID: SB23.108 Date of Disbursement 02 / 15 / 2008
	Mailing Address 1760 OLD MEADOW RD STE 350	Amount of Each Disbursement this Period 2747.39
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement PAYROLL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LEAH G LEVY	Transaction ID: SB23.109 Date of Disbursement 02 / 29 / 2008
	Mailing Address 1760 OLD MEADOW RD STE 350	Amount of Each Disbursement this Period 2747.39
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement PAYROLL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LEAH G LEVY	Transaction ID: SB23.39 Date of Disbursement 02 / 21 / 2008
	Mailing Address 1130 8TH AVE S	Amount of Each Disbursement this Period 270.00
	City NASHVILLE State TN Zip Code 37203	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5764.78

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ANNE M LOCKE</p> <p>Mailing Address 1130 8TH AVE S</p> <p>City NASHVILLE State TN Zip Code 37203</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4</p> <p>Date of Disbursement 02 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 10.93</p> <p>000 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NCHOLAS F LUNA</p> <p>Mailing Address 1760 OLD MEADOW RD STE 350</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.94</p> <p>Date of Disbursement 02 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1390.90</p> <p>000 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DAVID M MANSOURI</p> <p>Mailing Address 1130 8TH AVE S</p> <p>City NASHVILLE State TN Zip Code 37203</p> <p>Purpose of Disbursement EQUIPMENT MAINTENANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.24</p> <p>Date of Disbursement 02 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 102.10</p> <p>000 Category/ Type</p>

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

1503.93

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>STEPHANIE L MCNEES</b>	<b>Transaction ID: SB23.70</b>
	Mailing Address 1760 OLD MEADOW RD STE 350	Date of Disbursement MM / DD / YYYY 02 / 21 / 2008
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 585.00
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>BOBBIE N MURPHY</b>	<b>Transaction ID: SB23.111</b>
	Mailing Address 1130 8TH AVE S	Date of Disbursement MM / DD / YYYY 02 / 15 / 2008
	City NASHVILLE State TN Zip Code 37203	Amount of Each Disbursement this Period 3048.96
	Purpose of Disbursement PAYROLL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>BOBBIE N MURPHY</b>	<b>Transaction ID: SB23.112</b>
	Mailing Address 1130 8TH AVE S	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City NASHVILLE State TN Zip Code 37203	Amount of Each Disbursement this Period 3048.96
	Purpose of Disbursement PAYROLL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6682.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) WENDY NANNEY	Transaction ID: SB23.37 Date of Disbursement 02 / 07 / 2008
	Mailing Address 103 HERMITAGE RD	Amount of Each Disbursement this Period 250.00
	City GREENVILLE State SC Zip Code 29615	
	Purpose of Disbursement STRATEGIC CONSULTING Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIMOTHY R NUSSBAUM	Transaction ID: SB23.58 Date of Disbursement 02 / 21 / 2008
	Mailing Address 1760 OLD MEADOW RD 3RD FL	Amount of Each Disbursement this Period 405.00
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIMOTHY R NUSSBAUM	Transaction ID: SB23.63 Date of Disbursement 02 / 07 / 2008
	Mailing Address 1760 OLD MEADOW RD 3RD FL	Amount of Each Disbursement this Period 482.04
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1137.04
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
SHANNON ROYCE

Transaction ID: SB23.118  
Date of Disbursement

Mailing Address 419 LINCOLN AVE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	0	8

City State Zip Code  
FALLS CHURCH VA 22046

Amount of Each Disbursement this Period

Purpose of Disbursement  
STRATEGIC CONSULTING

000
Category/ Type

4433.33
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
JEFFREY C SADOSKY

Transaction ID: SB23.46  
Date of Disbursement

Mailing Address 1760 OLD MEADOW RD STE 350

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	8

City State Zip Code  
MCLEAN VA 22102

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

325.00
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
JEFFREY C SADOSKY

Transaction ID: SB23.91  
Date of Disbursement

Mailing Address 1760 OLD MEADOW RD STE 350

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	0	8

City State Zip Code  
MCLEAN VA 22102

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

000
Category/ Type

1218.07
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

5976.40
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>WILLIAM SALIER</b>	<b>Transaction ID: SB23.66</b>
	Mailing Address 23541 260TH ST	Date of Disbursement MM / DD / YYYY 02 / 07 / 2008
	City NORA SPRINGS State IA Zip Code 50458	Amount of Each Disbursement this Period 535.77
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>THOMAS A SMITH</b>	<b>Transaction ID: SB23.124</b>
	Mailing Address 4533 SHYS HILL RD	Date of Disbursement MM / DD / YYYY 02 / 07 / 2008
	City NASHVILLE State TN Zip Code 37215	Amount of Each Disbursement this Period 5900.00
	Purpose of Disbursement FINANCE CONSULTING Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>DAVE SONNSTON</b>	<b>Transaction ID: SB23.61</b>
	Mailing Address 1940 DUKE ST STE 200	Date of Disbursement MM / DD / YYYY 02 / 20 / 2008
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 436.96
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6872.73</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

### SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) TIM UNES			Transaction ID: SB23.27 Date of Disbursement																					
	Mailing Address 211 N UNION ST STE 220			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	1	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	2	/	2	1	/	2	0	0	8															
City ALEXANDRIA		State VA	Zip Code 22314		Amount of Each Disbursement this Period <table border="1"><tr><td>153.00</td></tr></table>	153.00																			
153.00																									
Purpose of Disbursement TRAVEL		<table border="1"> <tr><td>000</td></tr> <tr><td>Category/ Type</td></tr> </table>			000	Category/ Type																			
000																									
Category/ Type																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																									

<b>B.</b>	Full Name (Last, First, Middle Initial) CATHY VIOLA			Transaction ID: SB23.83 Date of Disbursement																					
	Mailing Address 9420 BERKSHIRE CT			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	0	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	2	/	2	0	/	2	0	0	8															
City BRENTWOOD		State TN	Zip Code 37027		Amount of Each Disbursement this Period <table border="1"><tr><td>775.00</td></tr></table>	775.00																			
775.00																									
Purpose of Disbursement COMPLIANCE CONSULTING		<table border="1"> <tr><td>000</td></tr> <tr><td>Category/ Type</td></tr> </table>			000	Category/ Type																			
000																									
Category/ Type																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																									

<b>C.</b>	Full Name (Last, First, Middle Initial) CATHY J VIOLA			Transaction ID: SB23.89 Date of Disbursement																					
	Mailing Address 9420 BERKSHIRE CT			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	7	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	2	/	0	7	/	2	0	0	8															
City BRENTWOOD		State TN	Zip Code 37027		Amount of Each Disbursement this Period <table border="1"><tr><td>1175.00</td></tr></table>	1175.00																			
1175.00																									
Purpose of Disbursement COMPLIANCE CONSULTING		<table border="1"> <tr><td>000</td></tr> <tr><td>Category/ Type</td></tr> </table>			000	Category/ Type																			
000																									
Category/ Type																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																									

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2103.00</td></tr></table>	2103.00
2103.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) ROGER J WHYTE, II	Transaction ID: SB23.158 Date of Disbursement																			
	Mailing Address 1760 OLD MEADOW RD STE 350	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	8												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement VOID CHECK	<table border="1"><tr><td>-1325.88</td></tr></table>	-1325.88																		
-1325.88																					
	Candidate Name	<table border="1"><tr><td>000</td></tr></table> Category/Type	000																		
000																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) ROGER J WHYTE, II	Transaction ID: SB23.51 Date of Disbursement																			
	Mailing Address 1760 OLD MEADOW RD STE 350	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	1		2	0	0	8												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement TRAVEL	<table border="1"><tr><td>360.00</td></tr></table>	360.00																		
360.00																					
	Candidate Name	<table border="1"><tr><td>000</td></tr></table> Category/Type	000																		
000																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) ROGER J WHYTE, II	Transaction ID: SB23.90 Date of Disbursement																			
	Mailing Address 1760 OLD MEADOW RD STE 350	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	7		2	0	0	8												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement TRAVEL/FOOD/BEVERAGE	<table border="1"><tr><td>1203.69</td></tr></table>	1203.69																		
1203.69																					
	Candidate Name	<table border="1"><tr><td>000</td></tr></table> Category/Type	000																		
000																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>237.81</td></tr></table>	237.81
237.81		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 111 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ROGER J WHYTE, II <hr/> Mailing Address 1760 OLD MEADOW RD STE 350 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement PAYROLL Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.92 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1325.88
<b>B.</b>	Full Name (Last, First, Middle Initial) RJ YOUNG <hr/> Mailing Address PO BOX 40623 <hr/> City NASHVILLE State TN Zip Code 37204 <hr/> Purpose of Disbursement EQUIPMENT RENTAL Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.47 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 329.39
<b>C.</b>	Full Name (Last, First, Middle Initial) I-HSIANG YU <hr/> Mailing Address 6658 AVIGNON BLVD <hr/> City FALLS CHURCH State VA Zip Code 22043 <hr/> Purpose of Disbursement RENT Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.101 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1900.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3555.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ABERNATHY STRATEGIES</b> <hr/> Mailing Address <b>PO BOX 11511</b> <hr/> City <b>CHARLESTON</b> State <b>WV</b> Zip Code <b>25339</b> <hr/> Purpose of Disbursement <b>POLITICAL STRATEGY CONSULTING</b> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.121</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">000</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	7	/	2	0	0	8	5000.00	000
M	M	/	D	D	/	Y	Y	Y	Y															
0	2	/	0	7	/	2	0	0	8															
5000.00																								
000																								
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>AIRNET</b> <hr/> Mailing Address <b>PO BOX 11181</b> <hr/> City <b>CHATTANOOGA</b> State <b>TN</b> Zip Code <b>37401</b> <hr/> Purpose of Disbursement <b>WEB SVC</b> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.96</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1452.00</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">000</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	7	/	2	0	0	8	1452.00	000
M	M	/	D	D	/	Y	Y	Y	Y															
0	2	/	0	7	/	2	0	0	8															
1452.00																								
000																								
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>ALL STAR PHOTOGRAPHICS INC</b> <hr/> Mailing Address <b>12 REDHAWK ST</b> <hr/> City <b>IRVINE</b> State <b>CA</b> Zip Code <b>92604</b> <hr/> Purpose of Disbursement <b>PHOTOGRAPHY SVC</b> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.77</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">681.19</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">000</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	7	/	2	0	0	8	681.19	000
M	M	/	D	D	/	Y	Y	Y	Y															
0	2	/	0	7	/	2	0	0	8															
681.19																								
000																								

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td style="text-align: center;"><b>7133.19</b></td> </tr> </table>	<b>7133.19</b>
<b>7133.19</b>		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td style="text-align: center;"> </td> </tr> </table>	



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 113 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS - COURTNEY

Mailing Address PO BOX 360001

City FT LAUDERDALE State FL Zip Code 33336-0000

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.1000

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

138.49

**B.** Full Name (Last, First, Middle Initial)  
HMS HOST

Mailing Address 6905 ROCKLEDGE DR

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.1

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

6.70

[MEMO ITEM]

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

Mailing Address 6905 ROCKLEDGE DR

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.8

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

6.93

[MEMO ITEM]

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

138.49

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b> Full Name (Last, First, Middle Initial) HMS HOST Mailing Address 6905 ROCKLEDGE DR City BETHESDA State MD Zip Code 20817 Purpose of Disbursement FOOD/BEVERAGE Candidate Name	Transaction ID: SBD.9 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 30.42 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 000

<b>B.</b> Full Name (Last, First, Middle Initial) LIBERTY TAPROOM Mailing Address 828 GERVAIS ST City COLUMBIA State SC Zip Code 29201 Purpose of Disbursement FOOD/BEVERAGE Candidate Name	Transaction ID: SBD.7 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 54.92 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 000

<b>C.</b> Full Name (Last, First, Middle Initial) MCDONALDS Mailing Address MCDONALDS PLZ City OAK BROOK State IL Zip Code 60523 Purpose of Disbursement FOOD/BEVERAGE Candidate Name	Transaction ID: SBD.6 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1.64 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 000

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) STARBUCKS	Transaction ID: SBD.3
	Mailing Address 3706 HILLSBORO PK	Date of Disbursement MM / DD / YYYY 02 / 20 / 2008
	City NASHVILLE State TN Zip Code 37215	Amount of Each Disbursement this Period 7.94
	Purpose of Disbursement FOOD/BEVERAGE Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) STARBUCKS	Transaction ID: SBD.4
	Mailing Address 3706 HILLSBORO PK	Date of Disbursement MM / DD / YYYY 02 / 20 / 2008
	City NASHVILLE State TN Zip Code 37215	Amount of Each Disbursement this Period 11.39
	Purpose of Disbursement FOOD/BEVERAGE Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) STARBUCKS	Transaction ID: SBD.5
	Mailing Address 3706 HILLSBORO PK	Date of Disbursement MM / DD / YYYY 02 / 20 / 2008
	City NASHVILLE State TN Zip Code 37215	Amount of Each Disbursement this Period 8.12
	Purpose of Disbursement FOOD/BEVERAGE Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
WENDYS

Mailing Address ONE DAVE THOMAS BLVD

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.2  
Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

10.43

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS - TRAVEL

Mailing Address PO BOX 360001

City FT LAUDERDALE State FL Zip Code 33336-0000

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.1001  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

94379.25

C.

Full Name (Last, First, Middle Initial)  
AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.151  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

696.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

94379.25

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) AMERICAN AIRLINES	Transaction ID: SBD.98 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4333 AMON CARTER BLVD	Amount of Each Disbursement this Period 695.80
	City FORT WORTH State TX Zip Code 76155	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) AVIS RENT A CAR	Transaction ID: SBD.145 Date of Disbursement 02 / 26 / 2008
	Mailing Address 6 SYLVAN WAY	Amount of Each Disbursement this Period 514.86
	City PARSIPPANY State NJ Zip Code 07054	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) AVIS RENT A CAR	Transaction ID: SBD.160 Date of Disbursement 02 / 26 / 2008
	Mailing Address 6 SYLVAN WAY	Amount of Each Disbursement this Period 1835.20
	City PARSIPPANY State NJ Zip Code 07054	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b> Full Name (Last, First, Middle Initial) AVIS RENT A CAR <hr/> Mailing Address 6 SYLVAN WAY <hr/> City PARSIPPANY State NJ Zip Code 07054 <hr/> Purpose of Disbursement TRAVEL Candidate Name	Transaction ID: SBD.161 Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	Amount of Each Disbursement this Period 6.42 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 000

<b>B.</b> Full Name (Last, First, Middle Initial) AVIS RENT A CAR <hr/> Mailing Address 6 SYLVAN WAY <hr/> City PARSIPPANY State NJ Zip Code 07054 <hr/> Purpose of Disbursement TRAAVEL Candidate Name	Transaction ID: SBD.162 Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	Amount of Each Disbursement this Period 90.05 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 000

<b>C.</b> Full Name (Last, First, Middle Initial) AVIS RENT A CAR <hr/> Mailing Address 6 SYLVAN WAY <hr/> City PARSIPPANY State NJ Zip Code 07054 <hr/> Purpose of Disbursement TRAVEL Candidate Name	Transaction ID: SBD.163 Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	Amount of Each Disbursement this Period 2707.18 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 000

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) AVIS RENT A CAR	Transaction ID: SBD.164 Date of Disbursement 02 / 26 / 2008
	Mailing Address 6 SYLVAN WAY	Amount of Each Disbursement this Period 1011.04
	City PARSIPPANY State NJ Zip Code 07054	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) AVIS RENT A CAR	Transaction ID: SBD.165 Date of Disbursement 02 / 26 / 2008
	Mailing Address 6 SYLVAN WAY	Amount of Each Disbursement this Period 1770.04
	City PARSIPPANY State NJ Zip Code 07054	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) AVIS RENT A CAR	Transaction ID: SBD.220 Date of Disbursement 02 / 26 / 2008
	Mailing Address 6 SYLVAN WAY	Amount of Each Disbursement this Period 318.41
	City PARSIPPANY State NJ Zip Code 07054	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
AVIS RENT A CAR

Transaction ID: SBD.235  
Date of Disbursement

Mailing Address 6 SYLVAN WAY

/   /

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  
State: District:  Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
AVIS RENT A CAR

Transaction ID: SBD.337  
Date of Disbursement

Mailing Address 6 SYLVAN WAY

/   /

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  
State: District:  Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
AVIS RENT A CAR

Transaction ID: SBD.368  
Date of Disbursement

Mailing Address 6 SYLVAN WAY

/   /

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  
State: District:  Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶

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



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
AVIS RENT A CAR

Transaction ID: SBD.369  
Date of Disbursement

Mailing Address 6 SYLVAN WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

1833.90
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
AVIS RENT A CAR

Transaction ID: SBD.370  
Date of Disbursement

Mailing Address 6 SYLVAN WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

300.02
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
AVIS RENT A CAR

Transaction ID: SBD.94  
Date of Disbursement

Mailing Address 6 SYLVAN WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

243.61
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) BEST WESTERN	Transaction ID: SB23C.11 Date of Disbursement
	Mailing Address 6201 N 24TH PKWY	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City PHOENIX State AZ Zip Code 85016	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="-136.40"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) BEST WESTERN	Transaction ID: SBD.330 Date of Disbursement
	Mailing Address 6201 N 24TH PKWY	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City PHOENIX State AZ Zip Code 85016	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="1336.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) BEST WESTERN	Transaction ID: SBD.331 Date of Disbursement
	Mailing Address 6201 N 24TH PKWY	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City PHOENIX State AZ Zip Code 85016	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="136.40"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
BEVERLY WILSHIRE

Mailing Address 9500 WILSHIRE BLVD

City BEVERLY HILLS State CA Zip Code 90211

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.109  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

3043.99

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
CLARION HOTELS

Mailing Address 10750 COLUMBIA PK

City SILVER SPRING State MD Zip Code 20901

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.308  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

296.37

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
CLARION HOTELS

Mailing Address 10750 COLUMBIA PK

City SILVER SPRING State MD Zip Code 20901

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.309  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

306.41

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.310 Date of Disbursement 02 / 26 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 296.37
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.311 Date of Disbursement 02 / 26 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 197.58
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.312 Date of Disbursement 02 / 26 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 197.58
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.372 Date of Disbursement 02 / 26 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 395.16
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.373 Date of Disbursement 02 / 26 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 395.16
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.374 Date of Disbursement 02 / 26 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 395.16
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.375
	Mailing Address 10750 COLUMBIA PK	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City SILVER SPRING State MD Zip Code 20901	Amount of Each Disbursement this Period 395.16
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.376
	Mailing Address 10750 COLUMBIA PK	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City SILVER SPRING State MD Zip Code 20901	Amount of Each Disbursement this Period 395.16
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) COMFORT INNS	Transaction ID: SBD.146
	Mailing Address 10750 COLUMBIA PK	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City SILVER SPRING State MD Zip Code 20901	Amount of Each Disbursement this Period 89.60
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) COMFORT INNS	Transaction ID: SBD.147 Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 89.60
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) DAYS INN	Transaction ID: SBD.184 Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 1 SYLVAN WAY	Amount of Each Disbursement this Period 255.32
	City PARSIPPANY State NJ Zip Code 07054	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) DAYS INN	Transaction ID: SBD.243 Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 1 SYLVAN WAY	Amount of Each Disbursement this Period 134.38
	City PARSIPPANY State NJ Zip Code 07054	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b> Full Name (Last, First, Middle Initial) DAYS INN Mailing Address 1 SYLVAN WAY City PARSIPPANY State NJ Zip Code 07054 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBD.244 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 67.19
	Category/ Type 000
	[MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES Mailing Address PO BOX 20706 City ATLANTA State GA Zip Code 30320 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBD.142 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 505.00
	Category/ Type 000
	[MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES Mailing Address PO BOX 20706 City ATLANTA State GA Zip Code 30320 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBD.143 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 505.00
	Category/ Type 000
	[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES Mailing Address PO BOX 20706 City ATLANTA State GA Zip Code 30320 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.248 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 768.00 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES Mailing Address PO BOX 20706 City ATLANTA State GA Zip Code 30320 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.317 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 413.00 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES Mailing Address PO BOX 20706 City ATLANTA State GA Zip Code 30320 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.318 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 343.00 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) DELTA AIR LINES	Transaction ID: SBD.99 Date of Disbursement 02 / 26 / 2008
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period 632.80
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) EMBASSY SUITES	Transaction ID: SBD.236 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 142.08
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) EMBASSY SUITES	Transaction ID: SBD.237 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 35.21
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A. Full Name (Last, First, Middle Initial) <b>EMBASSY SUITES</b>	Transaction ID: SBD.238	
	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008	
Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 142.08	
City BEVERLY HILLS State CA Zip Code 90210	Purpose of Disbursement TRAVEL	
Purpose of Disbursement TRAVEL	Candidate Name	
Candidate Name	Category/Type 000	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	[MEMO ITEM]	

B. Full Name (Last, First, Middle Initial) <b>FAIRFIELD INNS</b>	Transaction ID: SBD.202	
	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008	
Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 171.72	
City WASHINGTON State DC Zip Code 20058	Purpose of Disbursement TRAVEL	
Purpose of Disbursement TRAVEL	Candidate Name	
Candidate Name	Category/Type 000	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	[MEMO ITEM]	

C. Full Name (Last, First, Middle Initial) <b>FAIRFIELD INNS</b>	Transaction ID: SBD.203	
	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008	
Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 171.72	
City WASHINGTON State DC Zip Code 20058	Purpose of Disbursement TRAVEL	
Purpose of Disbursement TRAVEL	Candidate Name	
Candidate Name	Category/Type 000	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	[MEMO ITEM]	

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) FAIRFIELD INNS	Transaction ID: SBD.204 Date of Disbursement 02 / 26 / 2008
	Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 174.22
	City WASHINGTON State DC Zip Code 20058	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FAIRFIELD INNS	Transaction ID: SBD.205 Date of Disbursement 02 / 26 / 2008
	Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 171.72
	City WASHINGTON State DC Zip Code 20058	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FAIRFIELD INNS	Transaction ID: SBD.206 Date of Disbursement 02 / 26 / 2008
	Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 171.72
	City WASHINGTON State DC Zip Code 20058	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
FAIRFIELD INNS

Mailing Address MARRIOTT DR

City WASHINGTON State DC Zip Code 20058

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.213  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

547.56

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
FAIRFIELD INNS

Mailing Address MARRIOTT DR

City WASHINGTON State DC Zip Code 20058

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.214  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

343.44

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
FAIRFIELD INNS

Mailing Address MARRIOTT DR

City WASHINGTON State DC Zip Code 20058

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.215  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

547.56

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) FAIRFIELD INNS	Transaction ID: SBD.216 Date of Disbursement 02 / 26 / 2008
	Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 719.28
	City WASHINGTON State DC Zip Code 20058	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FAIRFIELD INNS	Transaction ID: SBD.217 Date of Disbursement 02 / 26 / 2008
	Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 432.34
	City WASHINGTON State DC Zip Code 20058	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FAIRFIELD INNS	Transaction ID: SBD.218 Date of Disbursement 02 / 26 / 2008
	Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 343.44
	City WASHINGTON State DC Zip Code 20058	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
HAMPTON INN

Transaction ID: SBD.139  
Date of Disbursement

Mailing Address 9336 CIVIC CENTER DR

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City BEVERLY HILLS State CA Zip Code 90210

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

93.40
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
HAMPTON INN

Transaction ID: SBD.140  
Date of Disbursement

Mailing Address 9336 CIVIC CENTER DR

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City BEVERLY HILLS State CA Zip Code 90210

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

93.40
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
HAMPTON INN

Transaction ID: SBD.270  
Date of Disbursement

Mailing Address 9336 CIVIC CENTER DR

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City BEVERLY HILLS State CA Zip Code 90210

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

121.54
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HAMPTON INN	Transaction ID: SBD.271 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 121.54
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HAMPTON INN	Transaction ID: SBD.315 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 1424.56
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HAMPTON INN	Transaction ID: SBD.333 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 81.65
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 137 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HAMPTON INN	Transaction ID: SBD.334 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 79.92
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HAMPTON INN	Transaction ID: SBD.338 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 101.90
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HAMPTON INN	Transaction ID: SBD.339 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 102.30
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HAMPTON INN	Transaction ID: SBD.340 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 102.30
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HAMPTON INN	Transaction ID: SBD.380 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 399.84
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HERTZ CAR RENTAL	Transaction ID: SBD.148 Date of Disbursement 02 / 26 / 2008
	Mailing Address 225 BRAE BLVD	Amount of Each Disbursement this Period 633.72
	City PARK RIDGE State NJ Zip Code 07656	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b> Full Name (Last, First, Middle Initial) HERTZ CAR RENTAL Mailing Address 225 BRAE BLVD City PARK RIDGE State NJ Zip Code 07656 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.149 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1663.17 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) HERTZ CAR RENTAL Mailing Address 225 BRAE BLVD City PARK RIDGE State NJ Zip Code 07656 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.307 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 338.61 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) HERTZ CAR RENTAL Mailing Address 225 BRAE BLVD City PARK RIDGE State NJ Zip Code 07656 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.359 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 614.97 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HERTZ CAR RENTAL	Transaction ID: SBD.360 Date of Disbursement 02 / 26 / 2008
	Mailing Address 225 BRAE BLVD	Amount of Each Disbursement this Period 1062.50
	City PARK RIDGE State NJ Zip Code 07656	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HERTZ CAR RENTAL	Transaction ID: SBD.371 Date of Disbursement 02 / 26 / 2008
	Mailing Address 225 BRAE BLVD	Amount of Each Disbursement this Period 383.79
	City PARK RIDGE State NJ Zip Code 07656	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HILTON INNS	Transaction ID: SB23C.9 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period -244.68
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
HILTON INNS

Mailing Address 9336 CIVIC CENTER DR

City BEVERLY HILLS State CA Zip Code 90210

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.166  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

5996.55

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
HILTON INNS

Mailing Address 9336 CIVIC CENTER DR

City BEVERLY HILLS State CA Zip Code 90210

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.167  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

30.21

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
HILTON INNS

Mailing Address 9336 CIVIC CENTER DR

City BEVERLY HILLS State CA Zip Code 90210

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.168  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

232.96

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HILTON INNS	Transaction ID: SBD.169
	Mailing Address 9336 CIVIC CENTER DR	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City BEVERLY HILLS State CA Zip Code 90210	Amount of Each Disbursement this Period 116.48
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HILTON INNS	Transaction ID: SBD.170
	Mailing Address 9336 CIVIC CENTER DR	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City BEVERLY HILLS State CA Zip Code 90210	Amount of Each Disbursement this Period 118.48
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HILTON INNS	Transaction ID: SBD.171
	Mailing Address 9336 CIVIC CENTER DR	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City BEVERLY HILLS State CA Zip Code 90210	Amount of Each Disbursement this Period 135.45
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HILTON INNS	Transaction ID: SBD.172 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 109.20
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HILTON INNS	Transaction ID: SBD.173 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 916.34
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HILTON INNS	Transaction ID: SBD.301 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 167.96
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HILTON INNS	Transaction ID: SBD.316 Date of Disbursement 02 / 26 / 2008
	Mailing Address 9336 CIVIC CENTER DR	Amount of Each Disbursement this Period 132.09
	City BEVERLY HILLS State CA Zip Code 90210	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HOLIDAY INNS	Transaction ID: SBD.108 Date of Disbursement 02 / 26 / 2008
	Mailing Address 3 RAVINIA DR STE 100	Amount of Each Disbursement this Period 1648.81
	City ATLANTA State GA Zip Code 30346	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HOLIDAY INNS	Transaction ID: SBD.254 Date of Disbursement 02 / 26 / 2008
	Mailing Address 3 RAVINIA DR STE 100	Amount of Each Disbursement this Period 188.70
	City ATLANTA State GA Zip Code 30346	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
HOLIDAY INNS

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.255  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

188.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
HOLIDAY INNS

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.332  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

349.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
HOLIDAY INNS

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.336  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

699.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HOLIDAY INNS	Transaction ID: SBD.367 Date of Disbursement 02 / 26 / 2008
	Mailing Address 3 RAVINIA DR STE 100	Amount of Each Disbursement this Period 233.00
	City ATLANTA State GA Zip Code 30346	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SB23C.3 Date of Disbursement 02 / 26 / 2008
	Mailing Address 71 S WACKER DR	Amount of Each Disbursement this Period -0.10
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SB23C.4 Date of Disbursement 02 / 26 / 2008
	Mailing Address 71 S WACKER DR	Amount of Each Disbursement this Period -0.10
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SB23C.5
	Mailing Address 71 S WACKER DR	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period -0.10
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SB23C.6
	Mailing Address 71 S WACKER DR	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period -0.10
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SB23C.7
	Mailing Address 71 S WACKER DR	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period -0.10
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SB23C.8 Date of Disbursement 02 / 26 / 2008
	Mailing Address 71 S WACKER DR	Amount of Each Disbursement this Period -0.10
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SBD.219 Date of Disbursement 02 / 26 / 2008
	Mailing Address 71 S WACKER DR	Amount of Each Disbursement this Period 130.90
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SBD.227 Date of Disbursement 02 / 26 / 2008
	Mailing Address 71 S WACKER DR	Amount of Each Disbursement this Period 131.00
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
HYATT REGENCY

Mailing Address 71 S WACKER DR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.228  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

131.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
HYATT REGENCY

Mailing Address 71 S WACKER DR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.229  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

131.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
HYATT REGENCY

Mailing Address 71 S WACKER DR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.230  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

131.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 150 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SBD.231 Date of Disbursement 02 / 26 / 2008
	Mailing Address 71 S WACKER DR	Amount of Each Disbursement this Period 131.00
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SBD.232 Date of Disbursement 02 / 26 / 2008
	Mailing Address 71 S WACKER DR	Amount of Each Disbursement this Period 131.00
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SBD.233 Date of Disbursement 02 / 26 / 2008
	Mailing Address 71 S WACKER DR	Amount of Each Disbursement this Period 131.00
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SBD.234 Date of Disbursement 02 / 26 / 2008
	Mailing Address 71 S WACKER DR	Amount of Each Disbursement this Period 131.00
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SBD.239 Date of Disbursement 02 / 26 / 2008
	Mailing Address 71 S WACKER DR	Amount of Each Disbursement this Period 130.90
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SBD.240 Date of Disbursement 02 / 26 / 2008
	Mailing Address 71 S WACKER DR	Amount of Each Disbursement this Period 310.75
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement CATERING Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HYATT REGENCY	Transaction ID: SBD.241
	Mailing Address 71 S WACKER DR	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 376.28
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) INTERCONTINENTAL HOTELS GROUP	Transaction ID: SBD.273
	Mailing Address 3 RAVINIA DR STE 100	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 111.38
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) INTERCONTINENTAL HOTELS GROUP	Transaction ID: SBD.274
	Mailing Address 3 RAVINIA DR STE 100	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 111.38
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Transaction ID: SBD.275

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

Mailing Address 3 RAVINIA DR STE 100

Amount of Each Disbursement this Period

167.63
--------

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Transaction ID: SBD.276

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

Mailing Address 3 RAVINIA DR STE 100

Amount of Each Disbursement this Period

111.38
--------

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Transaction ID: SBD.277

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

Mailing Address 3 RAVINIA DR STE 100

Amount of Each Disbursement this Period

111.38
--------

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00
------

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 154 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Transaction ID: SBD.278

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

Mailing Address 3 RAVINIA DR STE 100

Amount of Each Disbursement this Period

111.38
--------

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Transaction ID: SBD.279

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

Mailing Address 3 RAVINIA DR STE 100

Amount of Each Disbursement this Period

111.38
--------

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Transaction ID: SBD.280

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

Mailing Address 3 RAVINIA DR STE 100

Amount of Each Disbursement this Period

111.38
--------

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ►

0.00
------

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

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# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 155 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.281

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

111.38

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.282

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

111.38

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.283

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

111.38

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A.** Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.341

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

106.40

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.342

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

106.40

[MEMO ITEM]

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

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.343

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

95.20

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 157 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.344

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

106.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.345

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

95.20

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.346

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

95.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.347

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

95.20

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.348

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

106.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.349

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

95.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A.**

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SBD.350  
Date of Disbursement 02 / 26 / 2008

Amount of Each Disbursement this Period 95.20

000  
Category/Type

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SBD.351  
Date of Disbursement 02 / 26 / 2008

Amount of Each Disbursement this Period 95.20

000  
Category/Type

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SBD.352  
Date of Disbursement 02 / 26 / 2008

Amount of Each Disbursement this Period 95.20

000  
Category/Type

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) INTERCONTINENTAL HOTELS GROUP	Transaction ID: SBD.353 Date of Disbursement 02 / 26 / 2008
	Mailing Address 3 RAVINIA DR STE 100	Amount of Each Disbursement this Period 95.20
	City ATLANTA State GA Zip Code 30346	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) INTERCONTINENTAL HOTELS GROUP	Transaction ID: SBD.354 Date of Disbursement 02 / 26 / 2008
	Mailing Address 3 RAVINIA DR STE 100	Amount of Each Disbursement this Period 112.96
	City ATLANTA State GA Zip Code 30346	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) INTERCONTINENTAL HOTELS GROUP	Transaction ID: SBD.355 Date of Disbursement 02 / 26 / 2008
	Mailing Address 3 RAVINIA DR STE 100	Amount of Each Disbursement this Period 95.20
	City ATLANTA State GA Zip Code 30346	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Transaction ID: SBD.356

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

Mailing Address 3 RAVINIA DR STE 100

Amount of Each Disbursement this Period

95.20
-------

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Transaction ID: SBD.357

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

Mailing Address 3 RAVINIA DR STE 100

Amount of Each Disbursement this Period

95.20
-------

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTELS GROUP

Transaction ID: SBD.358

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

Mailing Address 3 RAVINIA DR STE 100

Amount of Each Disbursement this Period

95.20
-------

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) LOEWS VANDERBILT	Transaction ID: SBD.377 Date of Disbursement 02 / 26 / 2008
	Mailing Address 2100 WEST END AVE	Amount of Each Disbursement this Period 337.79
	City NASHVILLE State TN Zip Code 37203	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) LOEWS VANDERBILT	Transaction ID: SBD.378 Date of Disbursement 02 / 26 / 2008
	Mailing Address 2100 WEST END AVE	Amount of Each Disbursement this Period 603.70
	City NASHVILLE State TN Zip Code 37203	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) MARRIOTT DES MOINES	Transaction ID: SBD.150 Date of Disbursement 02 / 26 / 2008
	Mailing Address 700 GRAND AVE	Amount of Each Disbursement this Period 3018.88
	City DES MOINES State IA Zip Code 50309	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SB23C.10 Date of Disbursement
	Mailing Address MARRIOTT DR	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City WASHINGTON State DC Zip Code 20058	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="-106.40"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SBD.174 Date of Disbursement
	Mailing Address MARRIOTT DR	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City WASHINGTON State DC Zip Code 20058	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="211.68"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SBD.175 Date of Disbursement
	Mailing Address MARRIOTT DR	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City WASHINGTON State DC Zip Code 20058	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="211.68"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SBD.176 Date of Disbursement 02 / 26 / 2008
	Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 211.68
	City WASHINGTON State DC Zip Code 20058	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SBD.177 Date of Disbursement 02 / 26 / 2008
	Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 211.68
	City WASHINGTON State DC Zip Code 20058	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SBD.178 Date of Disbursement 02 / 26 / 2008
	Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 211.68
	City WASHINGTON State DC Zip Code 20058	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SBD.179
	Mailing Address MARRIOTT DR	Date of Disbursement 02 / 26 / 2008
	City WASHINGTON State DC Zip Code 20058	Amount of Each Disbursement this Period 211.68
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SBD.180
	Mailing Address MARRIOTT DR	Date of Disbursement 02 / 26 / 2008
	City WASHINGTON State DC Zip Code 20058	Amount of Each Disbursement this Period 211.68
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SBD.181
	Mailing Address MARRIOTT DR	Date of Disbursement 02 / 26 / 2008
	City WASHINGTON State DC Zip Code 20058	Amount of Each Disbursement this Period 211.68
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>MARRIOTT HOTELS</b>	<b>Transaction ID: SBD.335</b>
	Mailing Address <b>MARRIOTT DR</b>	Date of Disbursement MM / DD / YYYY <b>02 / 26 / 2008</b>
	City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20058</b>	Amount of Each Disbursement this Period <b>2746.09</b>
	Purpose of Disbursement <b>TRAVEL</b> Candidate Name	<b>000</b> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) <b>MIDWEST AIRLINES</b>	<b>Transaction ID: SBD.103</b>
	Mailing Address <b>6744 S HOWELL AVE</b>	Date of Disbursement MM / DD / YYYY <b>02 / 26 / 2008</b>
	City <b>OAK CREEK</b> State <b>WI</b> Zip Code <b>53154</b>	Amount of Each Disbursement this Period <b>415.90</b>
	Purpose of Disbursement <b>TRAVEL</b> Candidate Name	<b>000</b> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) <b>NORTHWEST AIRLINES</b>	<b>Transaction ID: SBD.100</b>
	Mailing Address <b>7500 AIRLINE DR</b>	Date of Disbursement MM / DD / YYYY <b>02 / 26 / 2008</b>
	City <b>MINNEAPOLIS</b> State <b>MN</b> Zip Code <b>55450</b>	Amount of Each Disbursement this Period <b>685.40</b>
	Purpose of Disbursement <b>TRAVEL</b> Candidate Name	<b>000</b> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b> Full Name (Last, First, Middle Initial) NORTHWEST AIRLINES Mailing Address 7500 AIRLINE DR City MINNEAPOLIS State MN Zip Code 55450 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.90 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 757.40 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) NORTHWEST AIRLINES Mailing Address 7500 AIRLINE DR City MINNEAPOLIS State MN Zip Code 55450 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.91 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 757.40 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) ORBITZ.COM Mailing Address 500 W MADISON ST STE 1000 City CHICAGO State IL Zip Code 60661 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.124 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 64.53 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
ORBITZ.COM

Mailing Address 500 W MADISON ST STE 1000

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.141  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

105.63

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
ORBITZ.COM

Mailing Address 500 W MADISON ST STE 1000

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.209  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

94.03

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
ORBITZ.COM

Mailing Address 500 W MADISON ST STE 1000

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.210  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

58.96

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
ORBITZ.COM

Mailing Address 500 W MADISON ST STE 1000

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.221  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

66.37

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
ORBITZ.COM

Mailing Address 500 W MADISON ST STE 1000

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.222  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

93.39

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
ORBITZ.COM

Mailing Address 500 W MADISON ST STE 1000

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.223  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

175.97

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.224 Date of Disbursement
	Mailing Address 500 W MADISON ST STE 1000	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="61.35"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.284 Date of Disbursement
	Mailing Address 500 W MADISON ST STE 1000	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="101.60"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.285 Date of Disbursement
	Mailing Address 500 W MADISON ST STE 1000	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="101.60"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.286 Date of Disbursement 02 / 26 / 2008
	Mailing Address 500 W MADISON ST STE 1000	Amount of Each Disbursement this Period 94.67
	City CHICAGO State IL Zip Code 60661	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.287 Date of Disbursement 02 / 26 / 2008
	Mailing Address 500 W MADISON ST STE 1000	Amount of Each Disbursement this Period 94.03
	City CHICAGO State IL Zip Code 60661	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.288 Date of Disbursement 02 / 26 / 2008
	Mailing Address 500 W MADISON ST STE 1000	Amount of Each Disbursement this Period 77.72
	City CHICAGO State IL Zip Code 60661	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 172 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.289 Date of Disbursement
	Mailing Address 500 W MADISON ST STE 1000	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="77.72"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.294 Date of Disbursement
	Mailing Address 500 W MADISON ST STE 1000	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="125.79"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.295 Date of Disbursement
	Mailing Address 500 W MADISON ST STE 1000	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="84.80"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.296
	Mailing Address 500 W MADISON ST STE 1000	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period 169.60
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.297
	Mailing Address 500 W MADISON ST STE 1000	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period 165.17
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.298
	Mailing Address 500 W MADISON ST STE 1000	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period 94.67
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 174 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) ORBITZ.COM <hr/> Mailing Address 500 W MADISON ST STE 1000 <hr/> City CHICAGO State IL Zip Code 60661 <hr/> Purpose of Disbursement TRAVEL Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">000</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SBD.302 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 2 / 2 6 / 2 0 0 8                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">94.67</div> <p><b>[MEMO ITEM]</b></p>
B.	Full Name (Last, First, Middle Initial) ORBITZ.COM <hr/> Mailing Address 500 W MADISON ST STE 1000 <hr/> City CHICAGO State IL Zip Code 60661 <hr/> Purpose of Disbursement TRAVEL Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">000</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SBD.303 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 2 / 2 6 / 2 0 0 8                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">73.81</div> <p><b>[MEMO ITEM]</b></p>
C.	Full Name (Last, First, Middle Initial) ORBITZ.COM <hr/> Mailing Address 500 W MADISON ST STE 1000 <hr/> City CHICAGO State IL Zip Code 60661 <hr/> Purpose of Disbursement TRAVEL Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">000</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SBD.304 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 2 / 2 6 / 2 0 0 8                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">70.60</div> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 2px;">0.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 175 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.305 Date of Disbursement 02 / 26 / 2008
	Mailing Address 500 W MADISON ST STE 1000	Amount of Each Disbursement this Period 156.45
	City CHICAGO State IL Zip Code 60661	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.306 Date of Disbursement 02 / 26 / 2008
	Mailing Address 500 W MADISON ST STE 1000	Amount of Each Disbursement this Period 79.53
	City CHICAGO State IL Zip Code 60661	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.88 Date of Disbursement 02 / 26 / 2008
	Mailing Address 500 W MADISON ST STE 1000	Amount of Each Disbursement this Period 83.71
	City CHICAGO State IL Zip Code 60661	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.89 Date of Disbursement
	Mailing Address 500 W MADISON ST STE 1000	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="70.94"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.95 Date of Disbursement
	Mailing Address 500 W MADISON ST STE 1000	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="105.63"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.96 Date of Disbursement
	Mailing Address 500 W MADISON ST STE 1000	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="64.53"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) ORBITZ.COM	Transaction ID: SBD.97 Date of Disbursement 02 / 26 / 2008
	Mailing Address 500 W MADISON ST STE 1000	Amount of Each Disbursement this Period 161.84
	City CHICAGO State IL Zip Code 60661	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) QUALITY INN & SUITES	Transaction ID: SBD.125 Date of Disbursement 02 / 26 / 2008
	Mailing Address 3537 W BROADWAY	Amount of Each Disbursement this Period 72.75
	City COUNCIL BLUFFS State IA Zip Code 51501	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) QUALITY INN & SUITES	Transaction ID: SBD.126 Date of Disbursement 02 / 26 / 2008
	Mailing Address 3537 W BROADWAY	Amount of Each Disbursement this Period 72.75
	City COUNCIL BLUFFS State IA Zip Code 51501	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) QUALITY INN & SUITES	Transaction ID: SBD.127 Date of Disbursement 02 / 26 / 2008
	Mailing Address 3537 W BROADWAY	Amount of Each Disbursement this Period 72.75
	City COUNCIL BLUFFS State IA Zip Code 51501	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) QUALITY INN & SUITES	Transaction ID: SBD.128 Date of Disbursement 02 / 26 / 2008
	Mailing Address 3537 W BROADWAY	Amount of Each Disbursement this Period 83.95
	City COUNCIL BLUFFS State IA Zip Code 51501	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) QUALITY INN & SUITES	Transaction ID: SBD.129 Date of Disbursement 02 / 26 / 2008
	Mailing Address 3537 W BROADWAY	Amount of Each Disbursement this Period 72.75
	City COUNCIL BLUFFS State IA Zip Code 51501	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b> Full Name (Last, First, Middle Initial) QUALITY INN & SUITES Mailing Address 3537 W BROADWAY City COUNCIL BLUFFS State IA Zip Code 51501 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBD.130 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 72.75 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) QUALITY INN & SUITES Mailing Address 3537 W BROADWAY City COUNCIL BLUFFS State IA Zip Code 51501 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBD.131 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 72.75 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) QUALITY INN & SUITES Mailing Address 3537 W BROADWAY City COUNCIL BLUFFS State IA Zip Code 51501 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBD.132 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 72.75 [MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b> Full Name (Last, First, Middle Initial) QUALITY INN & SUITES Mailing Address 3537 W BROADWAY City COUNCIL BLUFFS State IA Zip Code 51501 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.133 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 72.75 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) QUALITY INN & SUITES Mailing Address 3537 W BROADWAY City COUNCIL BLUFFS State IA Zip Code 51501 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.134 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 72.75 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) QUALITY INN & SUITES Mailing Address 3537 W BROADWAY City COUNCIL BLUFFS State IA Zip Code 51501 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.135 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 72.75 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b> Full Name (Last, First, Middle Initial) QUALITY INN & SUITES Mailing Address 3537 W BROADWAY City COUNCIL BLUFFS State IA Zip Code 51501 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.136 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 72.75 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) QUALITY INN & SUITES Mailing Address 3537 W BROADWAY City COUNCIL BLUFFS State IA Zip Code 51501 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.137 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 72.75 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) QUALITY INN & SUITES Mailing Address 3537 W BROADWAY City COUNCIL BLUFFS State IA Zip Code 51501 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBD.138 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 72.75 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) RODEWAY INN	Transaction ID: SBD.313 Date of Disbursement 02 / 26 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 133.20
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) SAILAIR TRAVEL INC	Transaction ID: SBD.242 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4515 HARDING PK	Amount of Each Disbursement this Period 477.30
	City NASHVILLE State TN Zip Code 37205	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) SAILAIR TRAVEL INC	Transaction ID: SBD.251 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4515 HARDING PK	Amount of Each Disbursement this Period 30.00
	City NASHVILLE State TN Zip Code 37205	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
SENTIMENTAL JOURNEYS

Mailing Address PO BOX 22449

City NASHVILLE State TN Zip Code 37202

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.104  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
SENTIMENTAL JOURNEYS

Mailing Address PO BOX 22449

City NASHVILLE State TN Zip Code 37202

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.105  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
SENTIMENTAL JOURNEYS

Mailing Address PO BOX 22449

City NASHVILLE State TN Zip Code 37202

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.106  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b> Full Name (Last, First, Middle Initial) SENTIMENTAL JOURNEYS Mailing Address PO BOX 22449	Transaction ID: SBD.107 Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City NASHVILLE State TN Zip Code 37202 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type 000

<b>B.</b> Full Name (Last, First, Middle Initial) SENTIMENTAL JOURNEYS Mailing Address PO BOX 22449	Transaction ID: SBD.144 Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City NASHVILLE State TN Zip Code 37202 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type 000

<b>C.</b> Full Name (Last, First, Middle Initial) SENTIMENTAL JOURNEYS Mailing Address PO BOX 22449	Transaction ID: SBD.154 Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
City NASHVILLE State TN Zip Code 37202 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type 000

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



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A.**

Full Name (Last, First, Middle Initial)  
**SENTIMENTAL JOURNEYS**

Mailing Address **PO BOX 22449**

City **NASHVILLE** State **TN** Zip Code **37202**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SBD.155  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

Category/  
Type

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**SENTIMENTAL JOURNEYS**

Mailing Address **PO BOX 22449**

City **NASHVILLE** State **TN** Zip Code **37202**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SBD.156  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

Category/  
Type

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**SENTIMENTAL JOURNEYS**

Mailing Address **PO BOX 22449**

City **NASHVILLE** State **TN** Zip Code **37202**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SBD.157  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

Category/  
Type

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	<b>Transaction ID: SBD.183</b>
	Mailing Address <b>PO BOX 22449</b>	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City <b>NASHVILLE</b> State <b>TN</b> Zip Code <b>37202</b>	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement <b>TRAVEL</b>	[MEMO ITEM]
	Candidate Name Category/Type 000	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	<b>Transaction ID: SBD.194</b>
	Mailing Address <b>PO BOX 22449</b>	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City <b>NASHVILLE</b> State <b>TN</b> Zip Code <b>37202</b>	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement <b>TRAVEL</b>	[MEMO ITEM]
	Candidate Name Category/Type 000	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	<b>Transaction ID: SBD.195</b>
	Mailing Address <b>PO BOX 22449</b>	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City <b>NASHVILLE</b> State <b>TN</b> Zip Code <b>37202</b>	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement <b>TRAVEL</b>	[MEMO ITEM]
	Candidate Name Category/Type 000	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	Transaction ID: SBD.196 Date of Disbursement
	Mailing Address PO BOX 22449	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City NASHVILLE State TN Zip Code 37202	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="50.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	Transaction ID: SBD.197 Date of Disbursement
	Mailing Address PO BOX 22449	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City NASHVILLE State TN Zip Code 37202	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="25.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	Transaction ID: SBD.198 Date of Disbursement
	Mailing Address PO BOX 22449	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City NASHVILLE State TN Zip Code 37202	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="25.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	<b>Transaction ID: SBD.199</b>
	Mailing Address <b>PO BOX 22449</b>	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City <b>NASHVILLE</b> State <b>TN</b> Zip Code <b>37202</b>	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement <b>TRAVEL</b> Category/Type <b>000</b>	<b>[MEMO ITEM]</b>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	<b>Transaction ID: SBD.200</b>
	Mailing Address <b>PO BOX 22449</b>	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City <b>NASHVILLE</b> State <b>TN</b> Zip Code <b>37202</b>	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement <b>TRAVEL</b> Category/Type <b>000</b>	<b>[MEMO ITEM]</b>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	<b>Transaction ID: SBD.201</b>
	Mailing Address <b>PO BOX 22449</b>	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City <b>NASHVILLE</b> State <b>TN</b> Zip Code <b>37202</b>	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement <b>TRAVEL</b> Category/Type <b>000</b>	<b>[MEMO ITEM]</b>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	Transaction ID: SBD.212 Date of Disbursement 02 / 26 / 2008
	Mailing Address PO BOX 22449	Amount of Each Disbursement this Period 25.00
	City NASHVILLE State TN Zip Code 37202	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b>

B.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	Transaction ID: SBD.226 Date of Disbursement 02 / 26 / 2008
	Mailing Address PO BOX 22449	Amount of Each Disbursement this Period 25.00
	City NASHVILLE State TN Zip Code 37202	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b>

C.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	Transaction ID: SBD.252 Date of Disbursement 02 / 26 / 2008
	Mailing Address PO BOX 22449	Amount of Each Disbursement this Period 25.00
	City NASHVILLE State TN Zip Code 37202	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b>

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

0.00

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A.**

Full Name (Last, First, Middle Initial)  
**SENTIMENTAL JOURNEYS**

Mailing Address **PO BOX 22449**

City **NASHVILLE** State **TN** Zip Code **37202**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SBD.257  
**Date of Disbursement:** 02 / 26 / 2008

Amount of Each Disbursement this Period  
25.00

**[MEMO ITEM]**

Category/Type: 000

**B.**

Full Name (Last, First, Middle Initial)  
**SENTIMENTAL JOURNEYS**

Mailing Address **PO BOX 22449**

City **NASHVILLE** State **TN** Zip Code **37202**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SBD.292  
**Date of Disbursement:** 02 / 26 / 2008

Amount of Each Disbursement this Period  
25.00

**[MEMO ITEM]**

Category/Type: 000

**C.**

Full Name (Last, First, Middle Initial)  
**SENTIMENTAL JOURNEYS**

Mailing Address **PO BOX 22449**

City **NASHVILLE** State **TN** Zip Code **37202**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SBD.293  
**Date of Disbursement:** 02 / 26 / 2008

Amount of Each Disbursement this Period  
25.00

**[MEMO ITEM]**

Category/Type: 000

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **0.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	Transaction ID: SBD.300 Date of Disbursement 02 / 26 / 2008
	Mailing Address PO BOX 22449	Amount of Each Disbursement this Period 25.00
	City NASHVILLE State TN Zip Code 37202	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	Transaction ID: SBD.324 Date of Disbursement 02 / 26 / 2008
	Mailing Address PO BOX 22449	Amount of Each Disbursement this Period 25.00
	City NASHVILLE State TN Zip Code 37202	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	Transaction ID: SBD.325 Date of Disbursement 02 / 26 / 2008
	Mailing Address PO BOX 22449	Amount of Each Disbursement this Period 50.00
	City NASHVILLE State TN Zip Code 37202	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	Transaction ID: SBD.326 Date of Disbursement
	Mailing Address PO BOX 22449	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City NASHVILLE State TN Zip Code 37202	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="25.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	Transaction ID: SBD.327 Date of Disbursement
	Mailing Address PO BOX 22449	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City NASHVILLE State TN Zip Code 37202	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="25.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b>	Transaction ID: SBD.328 Date of Disbursement
	Mailing Address PO BOX 22449	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City NASHVILLE State TN Zip Code 37202	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="25.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b> <hr/> Mailing Address PO BOX 22449 <hr/> City NASHVILLE State TN Zip Code 37202 <hr/> Purpose of Disbursement TRAVEL Candidate Name <span style="float: right;">000 Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SBD.329 Date of Disbursement 02 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 25.00 <hr/> <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b> <hr/> Mailing Address PO BOX 22449 <hr/> City NASHVILLE State TN Zip Code 37202 <hr/> Purpose of Disbursement TRAVEL Candidate Name <span style="float: right;">000 Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SBD.365 Date of Disbursement 02 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 25.00 <hr/> <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) <b>SENTIMENTAL JOURNEYS</b> <hr/> Mailing Address PO BOX 22449 <hr/> City NASHVILLE State TN Zip Code 37202 <hr/> Purpose of Disbursement TRAVEL Candidate Name <span style="float: right;">000 Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SBD.366 Date of Disbursement 02 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 25.00 <hr/> <b>[MEMO ITEM]</b>

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A.**

Full Name (Last, First, Middle Initial)  
**SENTIMENTAL JOURNEYS**

Mailing Address **PO BOX 22449**

City **NASHVILLE** State **TN** Zip Code **37202**

Purpose of Disbursement **TRAVEL** Category/Type **000**

Candidate Name

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

State: District:

**Transaction ID: SBD.92**  
Date of Disbursement **02 / 26 / 2008**

Amount of Each Disbursement this Period **25.00**

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**SHERATON HOTELS**

Mailing Address **1111 WESTCHESTER AVE**

City **WHITE PLAINS** State **NY** Zip Code **10604**

Purpose of Disbursement **TRAVEL** Category/Type **000**

Candidate Name

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

State: District:

**Transaction ID: SBD.253**  
Date of Disbursement **02 / 26 / 2008**

Amount of Each Disbursement this Period **271.69**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**SHERATON HOTELS**

Mailing Address **1111 WESTCHESTER AVE**

City **WHITE PLAINS** State **NY** Zip Code **10604**

Purpose of Disbursement **TRAVEL** Category/Type **000**

Candidate Name

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

State: District:

**Transaction ID: SBD.258**  
Date of Disbursement **02 / 26 / 2008**

Amount of Each Disbursement this Period **17.02**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **0.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) SHERATON HOTELS	Transaction ID: SBD.259 Date of Disbursement 02 / 26 / 2008
	Mailing Address 1111 WESTCHESTER AVE	Amount of Each Disbursement this Period 71.36
	City WHITE PLAINS State NY Zip Code 10604	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) SHERATON HOTELS	Transaction ID: SBD.260 Date of Disbursement 02 / 26 / 2008
	Mailing Address 1111 WESTCHESTER AVE	Amount of Each Disbursement this Period 271.76
	City WHITE PLAINS State NY Zip Code 10604	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) SHERATON HOTELS	Transaction ID: SBD.261 Date of Disbursement 02 / 26 / 2008
	Mailing Address 1111 WESTCHESTER AVE	Amount of Each Disbursement this Period 271.76
	City WHITE PLAINS State NY Zip Code 10604	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
SHERATON HOTELS

Mailing Address 1111 WESTCHESTER AVE

City State Zip Code  
WHITE PLAINS NY 10604

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.262  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

271.76

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
SHERATON HOTELS

Mailing Address 1111 WESTCHESTER AVE

City State Zip Code  
WHITE PLAINS NY 10604

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.263  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

283.83

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
SHERATON HOTELS

Mailing Address 1111 WESTCHESTER AVE

City State Zip Code  
WHITE PLAINS NY 10604

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.264  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

291.45

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 197 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) SHERATON HOTELS	Transaction ID: SBD.265 Date of Disbursement 02 / 26 / 2008
	Mailing Address 1111 WESTCHESTER AVE	Amount of Each Disbursement this Period 318.57
	City WHITE PLAINS State NY Zip Code 10604	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) SHERATON HOTELS	Transaction ID: SBD.266 Date of Disbursement 02 / 26 / 2008
	Mailing Address 1111 WESTCHESTER AVE	Amount of Each Disbursement this Period 324.57
	City WHITE PLAINS State NY Zip Code 10604	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) SHERATON HOTELS	Transaction ID: SBD.267 Date of Disbursement 02 / 26 / 2008
	Mailing Address 1111 WESTCHESTER AVE	Amount of Each Disbursement this Period 343.26
	City WHITE PLAINS State NY Zip Code 10604	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 198 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) SHERATON HOTELS	Transaction ID: SBD.268 Date of Disbursement 02 / 26 / 2008
	Mailing Address 1111 WESTCHESTER AVE	Amount of Each Disbursement this Period 582.58
	City WHITE PLAINS State NY Zip Code 10604	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) SHERATON HOTELS	Transaction ID: SBD.269 Date of Disbursement 02 / 26 / 2008
	Mailing Address 1111 WESTCHESTER AVE	Amount of Each Disbursement this Period 683.90
	City WHITE PLAINS State NY Zip Code 10604	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) SHERATON HOTELS	Transaction ID: SBD.379 Date of Disbursement 02 / 26 / 2008
	Mailing Address 1111 WESTCHESTER AVE	Amount of Each Disbursement this Period 135.85
	City WHITE PLAINS State NY Zip Code 10604	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SBD.158 Date of Disbursement
	Mailing Address 2702 LOVE FIELD DR	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="490.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SBD.314 Date of Disbursement
	Mailing Address 2702 LOVE FIELD DR	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="185.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) SUPER 8 MOTELS	Transaction ID: SBD.110 Date of Disbursement
	Mailing Address ONE SYLVAN WAY	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City PARSIPPANY State NJ Zip Code 07054	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="63.27"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>SUPER 8 MOTELS</b>	Transaction ID: SBD.111 Date of Disbursement 02 / 26 / 2008
	Mailing Address <b>ONE SYLVAN WAY</b>	Amount of Each Disbursement this Period 63.27
	City <b>PARSIPPANY</b> State <b>NJ</b> Zip Code <b>07054</b>	
	Purpose of Disbursement <b>TRAVEL</b> Category/Type <b>000</b>	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>SUPER 8 MOTELS</b>	Transaction ID: SBD.112 Date of Disbursement 02 / 26 / 2008
	Mailing Address <b>ONE SYLVAN WAY</b>	Amount of Each Disbursement this Period 63.27
	City <b>PARSIPPANY</b> State <b>NJ</b> Zip Code <b>07054</b>	
	Purpose of Disbursement <b>TRAVEL</b> Category/Type <b>000</b>	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>SUPER 8 MOTELS</b>	Transaction ID: SBD.113 Date of Disbursement 02 / 26 / 2008
	Mailing Address <b>ONE SYLVAN WAY</b>	Amount of Each Disbursement this Period 132.14
	City <b>PARSIPPANY</b> State <b>NJ</b> Zip Code <b>07054</b>	
	Purpose of Disbursement <b>TRAVEL</b> Category/Type <b>000</b>	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
	State: District:	

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

0.00

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



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
SUPER 8 MOTELS

Transaction ID: SBD.114  
Date of Disbursement

Mailing Address ONE SYLVAN WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

63.27
-------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
SUPER 8 MOTELS

Transaction ID: SBD.115  
Date of Disbursement

Mailing Address ONE SYLVAN WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

63.27
-------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
SUPER 8 MOTELS

Transaction ID: SBD.116  
Date of Disbursement

Mailing Address ONE SYLVAN WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

63.27
-------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
SUPER 8 MOTELS

Transaction ID: SBD.117  
Date of Disbursement

Mailing Address ONE SYLVAN WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

63.27
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
SUPER 8 MOTELS

Transaction ID: SBD.118  
Date of Disbursement

Mailing Address ONE SYLVAN WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

63.27
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
SUPER 8 MOTELS

Transaction ID: SBD.119  
Date of Disbursement

Mailing Address ONE SYLVAN WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

63.27
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 203 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
SUPER 8 MOTELS

Transaction ID: SBD.120  
Date of Disbursement

Mailing Address ONE SYLVAN WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

80.07
-------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
SUPER 8 MOTELS

Transaction ID: SBD.121  
Date of Disbursement

Mailing Address ONE SYLVAN WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

63.27
-------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
SUPER 8 MOTELS

Transaction ID: SBD.122  
Date of Disbursement

Mailing Address ONE SYLVAN WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City PARSIPPANY State NJ Zip Code 07054

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

63.27
-------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 204 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>SUPER 8 MOTELS</b>	Transaction ID: SBD.123 Date of Disbursement 02 / 26 / 2008
	Mailing Address <b>ONE SYLVAN WAY</b>	Amount of Each Disbursement this Period 80.07
	City <b>PARSIPPANY</b> State <b>NJ</b> Zip Code <b>07054</b>	
	Purpose of Disbursement <b>TRAVEL</b> Category/Type <b>000</b>	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>SUPER 8 MOTELS</b>	Transaction ID: SBD.159 Date of Disbursement 02 / 26 / 2008
	Mailing Address <b>ONE SYLVAN WAY</b>	Amount of Each Disbursement this Period 125.16
	City <b>PARSIPPANY</b> State <b>NJ</b> Zip Code <b>07054</b>	
	Purpose of Disbursement <b>TRAVEL</b> Category/Type <b>000</b>	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>SUPER 8 MOTELS</b>	Transaction ID: SBD.93 Date of Disbursement 02 / 26 / 2008
	Mailing Address <b>ONE SYLVAN WAY</b>	Amount of Each Disbursement this Period 61.95
	City <b>PARSIPPANY</b> State <b>NJ</b> Zip Code <b>07054</b>	
	Purpose of Disbursement <b>TRAVEL</b> Category/Type <b>000</b>	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
	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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A.**

Full Name (Last, First, Middle Initial)  
TRAVELOCITY

Mailing Address 3150 SABRE DR

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SBD.247  
Date of Disbursement 02 / 26 / 2008

Amount of Each Disbursement this Period 753.55

Category/Type 000

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
TRAVELOCITY

Mailing Address 3150 SABRE DR

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SBD.272  
Date of Disbursement 02 / 26 / 2008

Amount of Each Disbursement this Period 489.36

Category/Type 000

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
UNITED AIRLINES

Mailing Address 77 W WACKER DR

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SBD.101  
Date of Disbursement 02 / 26 / 2008

Amount of Each Disbursement this Period 581.80

Category/Type 000

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) UNITED AIRLINES	Transaction ID: SBD.152 Date of Disbursement 02 / 26 / 2008
	Mailing Address 77 W WACKER DR	Amount of Each Disbursement this Period 342.00
	City CHICAGO State IL Zip Code 60601	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) UNITED AIRLINES	Transaction ID: SBD.185 Date of Disbursement 02 / 26 / 2008
	Mailing Address 77 W WACKER DR	Amount of Each Disbursement this Period 290.00
	City CHICAGO State IL Zip Code 60601	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) UNITED AIRLINES	Transaction ID: SBD.256 Date of Disbursement 02 / 26 / 2008
	Mailing Address 77 W WACKER DR	Amount of Each Disbursement this Period 186.50
	City CHICAGO State IL Zip Code 60601	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) UNITED AIRLINES	Transaction ID: SBD.319 Date of Disbursement 02 / 26 / 2008
	Mailing Address 77 W WACKER DR	Amount of Each Disbursement this Period 312.00
	City CHICAGO State IL Zip Code 60601	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) UNITED AIRLINES	Transaction ID: SBD.361 Date of Disbursement 02 / 26 / 2008
	Mailing Address 77 W WACKER DR	Amount of Each Disbursement this Period 813.00
	City CHICAGO State IL Zip Code 60601	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.102 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 487.40
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.153 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 487.50
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.182 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 423.00
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.186 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 423.00
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.187 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 423.00
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.188 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 376.50
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.189 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 376.50
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.190 Date of Disbursement
	Mailing Address 4000 E SKY HARBOR BLVD	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="542.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.191 Date of Disbursement
	Mailing Address 4000 E SKY HARBOR BLVD	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="771.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.192 Date of Disbursement
	Mailing Address 4000 E SKY HARBOR BLVD	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="155.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.193  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

497.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.207  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

60.10

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.208  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.211  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

492.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.225  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

819.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.245  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

802.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.246 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 289.00
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.249 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 331.00
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.250 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 609.00
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 214 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.290 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 554.00
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.291 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 1097.00
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.299 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 801.50
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.320 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 411.50
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.321 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 411.50
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SBD.322 Date of Disbursement 02 / 26 / 2008
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 411.50
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.323  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

411.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.362  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

396.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.363  
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

386.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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



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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b> Full Name (Last, First, Middle Initial) US AIRWAYS Mailing Address 4000 E SKY HARBOR BLVD City PHOENIX State AZ Zip Code 85034 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBD.364 Date of Disbursement 02 / 26 / 2008 Amount of Each Disbursement this Period 386.50 [MEMO ITEM]
	Category/Type 000	

<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS CREDIT CARD - CORPORATE Mailing Address PO BOX 360001 City FT LAUDERDALE State FL Zip Code 33336-0000 Purpose of Disbursement CREDIT CARD PAYMENT 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) ▼	Transaction ID: SB.1002 Date of Disbursement 02 / 25 / 2008 Amount of Each Disbursement this Period 91453.06
	Category/Type 000	

<b>C.</b> Full Name (Last, First, Middle Initial) AARON RENTS Mailing Address 1105 12TH ST City CAYCE State SC Zip Code 29033 Purpose of Disbursement EQUIPMENT RENTAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBD.42 Date of Disbursement 02 / 25 / 2008 Amount of Each Disbursement this Period 220.04 [MEMO ITEM]
	Category/Type 000	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	91453.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) ABOVE & BEYOND LIMO	Transaction ID: SBD.47 Date of Disbursement 02 / 25 / 2008
	Mailing Address PO BOX 2711	Amount of Each Disbursement this Period 4387.50
	City SUMMERVILLE State SC Zip Code 29484	
	Purpose of Disbursement TRANSPORTATION SVC Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) ABOVE & BEYOND LIMO	Transaction ID: SBD.57 Date of Disbursement 02 / 25 / 2008
	Mailing Address PO BOX 2711	Amount of Each Disbursement this Period 5421.00
	City SUMMERVILLE State SC Zip Code 29484	
	Purpose of Disbursement TRANSPORTATION SVC Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) ABOVE & BEYOND LIMO	Transaction ID: SBD.59 Date of Disbursement 02 / 25 / 2008
	Mailing Address PO BOX 2711	Amount of Each Disbursement this Period 1501.50
	City SUMMERVILLE State SC Zip Code 29484	
	Purpose of Disbursement TRANSPORTATION SVC Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) AIKEN LIMOUSINE	Transaction ID: SBD.60 Date of Disbursement 02 / 25 / 2008
	Mailing Address 153 PENDLETON ST NW	Amount of Each Disbursement this Period 250.00
	City AIKEN State SC Zip Code 29801	
	Purpose of Disbursement TRANSPORTATION SVC Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) AIKEN LIMOUSINE	Transaction ID: SBD.75 Date of Disbursement 02 / 25 / 2008
	Mailing Address 153 PENDLETON ST NW	Amount of Each Disbursement this Period 125.00
	City AIKEN State SC Zip Code 29801	
	Purpose of Disbursement TRANSPORTATION SVC Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) BECKS SPORTS	Transaction ID: SBD.11 Date of Disbursement 02 / 25 / 2008
	Mailing Address 3295 UNIVERSITY AVE	Amount of Each Disbursement this Period 100.00
	City WATERLOO State IA Zip Code 50701	
	Purpose of Disbursement FACILITY RENTAL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>BUDGET CAR RENTAL</b>	<b>Transaction ID: SBD.65</b> Date of Disbursement
	Mailing Address <b>6 SYLVAN WAY</b>	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City <b>PARSIPPANY</b> State <b>NJ</b> Zip Code <b>07054</b>	Amount of Each Disbursement this Period
	Purpose of Disbursement <b>TRAVEL</b> Candidate Name <input type="text" value="000"/> Category/Type	<input type="text" value="1013.24"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>CAROLINA RETAIL PACKAGING</b>	<b>Transaction ID: SBD.46</b> Date of Disbursement
	Mailing Address <b>138 ZENKER RD</b>	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City <b>LEXINGTON</b> State <b>SC</b> Zip Code <b>29072</b>	Amount of Each Disbursement this Period
	Purpose of Disbursement <b>DECORATIONS</b> Candidate Name <input type="text" value="000"/> Category/Type	<input type="text" value="531.25"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>CDYNE CORPORATION</b>	<b>Transaction ID: SBD.21</b> Date of Disbursement
	Mailing Address <b>2125 SMITH AVE STE 200</b>	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City <b>CHESAPEAKE</b> State <b>VA</b> Zip Code <b>23320</b>	Amount of Each Disbursement this Period
	Purpose of Disbursement <b>LIST MANAGEMENT SVC</b> Candidate Name <input type="text" value="000"/> Category/Type	<input type="text" value="34.99"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.49 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 1086.69
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.50 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 1605.00
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement FACILITY RENTAL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.58 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 70.42
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement CATERING Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.69 Date of Disbursement
	Mailing Address 10750 COLUMBIA PK	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="2008"/>
	City SILVER SPRING State MD Zip Code 20901	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="395.16"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.71 Date of Disbursement
	Mailing Address 10750 COLUMBIA PK	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="2008"/>
	City SILVER SPRING State MD Zip Code 20901	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	<input type="text" value="1580.64"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.72 Date of Disbursement
	Mailing Address 10750 COLUMBIA PK	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="2008"/>
	City SILVER SPRING State MD Zip Code 20901	Amount of Each Disbursement this Period
	Purpose of Disbursement FACILITY RENTAL Candidate Name	<input type="text" value="701.14"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) CLARION HOTELS	Transaction ID: SBD.76 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 160.50
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement STAGING Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) COMFORT INNS	Transaction ID: SBD.22 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 99.89
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) COMFORT INNS	Transaction ID: SBD.23 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 99.89
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) COMFORT INNS	Transaction ID: SBD.24 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 99.89
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) COMFORT INNS	Transaction ID: SBD.25 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 99.89
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) COMFORT SUITES	Transaction ID: SBD.26 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 99.89
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) COMFORT SUITES	Transaction ID: SBD.27 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 99.89
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) COMFORT SUITES	Transaction ID: SBD.28 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 99.89
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) COMFORT SUITES	Transaction ID: SBD.29 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 99.89
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) COMFORT SUITES	Transaction ID: SBD.30 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 99.89
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) COMFORT SUITES	Transaction ID: SBD.31 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 99.89
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) COMFORT SUITES	Transaction ID: SBD.32 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 99.89
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) COMFORT SUITES	Transaction ID: SBD.33 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 99.89
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) COMFORT SUITES	Transaction ID: SBD.61 Date of Disbursement 02 / 25 / 2008
	Mailing Address 10750 COLUMBIA PK	Amount of Each Disbursement this Period 584.35
	City SILVER SPRING State MD Zip Code 20901	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) CONLON TRANSPORTATION	Transaction ID: SBD.35 Date of Disbursement 02 / 25 / 2008
	Mailing Address 647 HALL ST	Amount of Each Disbursement this Period 2229.00
	City MANCHESTER State NH Zip Code 03104	
	Purpose of Disbursement TRANSPORTATION SVC Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>COURTYARD HOTELS</b>	Transaction ID: SBD.62
	Mailing Address 10400 FERNWOOD RD	Date of Disbursement MM / DD / YYYY 02 / 25 / 2008
	City BETHESDA State MD Zip Code 20817	Amount of Each Disbursement this Period 432.84
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) <b>CSI AVIATION</b>	Transaction ID: SBD.40
	Mailing Address 3700 RIO GRANDE BLD NW	Date of Disbursement MM / DD / YYYY 02 / 25 / 2008
	City ALBUQUERQUE State NM Zip Code 87107	Amount of Each Disbursement this Period 50.40
	Purpose of Disbursement FOOD/BEVERAGE Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) <b>CSI AVIATION</b>	Transaction ID: SBD.41
	Mailing Address 3700 RIO GRANDE BLD NW	Date of Disbursement MM / DD / YYYY 02 / 25 / 2008
	City ALBUQUERQUE State NM Zip Code 87107	Amount of Each Disbursement this Period 9836.58
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) CSI AVIATION	Transaction ID: SBD.51 Date of Disbursement 02 / 25 / 2008
	Mailing Address 3700 RIO GRANDE BLD NW	Amount of Each Disbursement this Period 1294.37
	City ALBUQUERQUE State NM Zip Code 87107	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) DAYS INN	Transaction ID: SBD.10 Date of Disbursement 02 / 25 / 2008
	Mailing Address 1 SYLVAN WAY	Amount of Each Disbursement this Period 1003.20
	City PARSIPPANY State NJ Zip Code 07054	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) DAYS INN	Transaction ID: SBD.15 Date of Disbursement 02 / 25 / 2008
	Mailing Address 1 SYLVAN WAY	Amount of Each Disbursement this Period 463.68
	City PARSIPPANY State NJ Zip Code 07054	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>DELIGHTFUL DELIVERIES</b>	<b>Transaction ID: SBD.73</b>
	Mailing Address 79 MAIN ST STE 314	Date of Disbursement 02 / 25 / 2008
	City PORT WASHINGTON State NY Zip Code 11050	Amount of Each Disbursement this Period 90.97
	Purpose of Disbursement FLORAL EXPENSE Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) <b>DIVA LIMOUSINE LTD</b>	<b>Transaction ID: SBD.36</b>
	Mailing Address 1670 N SYCAMORE AVE	Date of Disbursement 02 / 25 / 2008
	City LOS ANGELES State CA Zip Code 90028	Amount of Each Disbursement this Period 303.75
	Purpose of Disbursement TRANSPORTATION SVC Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) <b>DIVA LIMOUSINE LTD</b>	<b>Transaction ID: SBD.37</b>
	Mailing Address 1670 N SYCAMORE AVE	Date of Disbursement 02 / 25 / 2008
	City LOS ANGELES State CA Zip Code 90028	Amount of Each Disbursement this Period 1026.00
	Purpose of Disbursement TRANSPORTATION SVC Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

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

0.00

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
DIVA LIMOUSINE LTD

Mailing Address 1670 N SYCAMORE AVE

City LOS ANGELES State CA Zip Code 90028

Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.38  
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

648.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
EMBASSY SUITES

Mailing Address 9336 CIVIC CENTER DR

City BEVERLY HILLS State CA Zip Code 90210

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.70  
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

1442.64

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
EXECUTIVE STAR LIMO

Mailing Address 7180 DEAN MARTIN DR

City LAS VEGAS State NV Zip Code 89118

Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23C.2  
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

-534.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HOLIDAY INNS	Transaction ID: SBD.34 Date of Disbursement 02 / 25 / 2008
	Mailing Address 3 RAVINIA DR STE 100	Amount of Each Disbursement this Period 110.98
	City ATLANTA State GA Zip Code 30346	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HOLIDAY INNS	Transaction ID: SBD.39 Date of Disbursement 02 / 25 / 2008
	Mailing Address 3 RAVINIA DR STE 100	Amount of Each Disbursement this Period 1336.64
	City ATLANTA State GA Zip Code 30346	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HOLIDAY INNS	Transaction ID: SBD.48 Date of Disbursement 02 / 25 / 2008
	Mailing Address 3 RAVINIA DR STE 100	Amount of Each Disbursement this Period 501.24
	City ATLANTA State GA Zip Code 30346	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB23C.1 Date of Disbursement
	Mailing Address 10440 N CENTRAL EXPY # 400	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City DALLAS State TX Zip Code 75231	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="-592.76"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SBD.43 Date of Disbursement
	Mailing Address 10440 N CENTRAL EXPY # 400	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City DALLAS State TX Zip Code 75231	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="687.22"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) INTUIT SOFTWARE	Transaction ID: SBD.79 Date of Disbursement
	Mailing Address 2933 MILLER RD	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City DECATUR State GA Zip Code 30035	Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE SUPPLIES	<input type="text" value="127.80"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 234 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) LA QUINTA INN  Mailing Address 909 HIDDEN RIDGE STE 600  City IRVING State TX Zip Code 75038  Purpose of Disbursement TRAVEL Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBD.56 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8  Amount of Each Disbursement this Period 64.90  [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) LIMOUSINE CONNECTION  Mailing Address PO BOX 411  City FAIRFAX State VA Zip Code 22038  Purpose of Disbursement TRANSPORTATION SVC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBD.20 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8  Amount of Each Disbursement this Period 94.23  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) LIMOUSINE CONNECTION  Mailing Address PO BOX 411  City FAIRFAX State VA Zip Code 22038  Purpose of Disbursement TRANSPORTATION SVC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBD.44 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8  Amount of Each Disbursement this Period 121.65  [MEMO ITEM]

<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 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 235 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A.**

Full Name (Last, First, Middle Initial)  
**LIMOUSINE CONNECTION**

Mailing Address **PO BOX 411**

City **FAIRFAX** State **VA** Zip Code **22038**

Purpose of Disbursement  
**TRANSPORTATION SVC**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2008**  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID: SBD.52**  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**LIMOUSINE CONNECTION**

Mailing Address **PO BOX 411**

City **FAIRFAX** State **VA** Zip Code **22038**

Purpose of Disbursement  
**TRANSPORTATION SVC**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2008**  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID: SBD.66**  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**LITCHFIELD BEACH**

Mailing Address **PO BOX 320**

City **PAWLEYS ISLAND** State **SC** Zip Code **29585**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2008**  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID: SBD.53**  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>MAJESTIC LIMOUSINE</b>	Transaction ID: SBD.17 Date of Disbursement
	Mailing Address 5094 NW 111TH DR STE C	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City GRIMES State IA Zip Code 50111	Amount of Each Disbursement this Period
	Purpose of Disbursement TRANSPORTATION SVC Candidate Name	<input type="text" value="1166.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) <b>MAJESTIC LIMOUSINE</b>	Transaction ID: SBD.19 Date of Disbursement
	Mailing Address 5094 NW 111TH DR STE C	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City GRIMES State IA Zip Code 50111	Amount of Each Disbursement this Period
	Purpose of Disbursement TRANSPORTATION SVC Candidate Name	<input type="text" value="14863.06"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) <b>MARRIOTT DES MOINES</b>	Transaction ID: SBD.12 Date of Disbursement
	Mailing Address 700 GRAND AVE	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City DES MOINES State IA Zip Code 50309	Amount of Each Disbursement this Period
	Purpose of Disbursement CATERING Candidate Name	<input type="text" value="7024.94"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
MARRIOTT DES MOINES

Mailing Address 700 GRAND AVE

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
STAGING

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.18  
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

1813.71

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
MARRIOTT HOTELS

Mailing Address MARRIOTT DR

City WASHINGTON State DC Zip Code 20058

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.54  
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

517.28

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
MARRIOTT HOTELS

Mailing Address MARRIOTT DR

City WASHINGTON State DC Zip Code 20058

Purpose of Disbursement  
CATERING

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.55  
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

741.61

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 238 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SBD.67 Date of Disbursement 02 / 25 / 2008
	Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 133.19
	City WASHINGTON State DC Zip Code 20058	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SBD.68 Date of Disbursement 02 / 25 / 2008
	Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 133.19
	City WASHINGTON State DC Zip Code 20058	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SBD.77 Date of Disbursement 02 / 25 / 2008
	Mailing Address MARRIOTT DR	Amount of Each Disbursement this Period 2105.82
	City WASHINGTON State DC Zip Code 20058	
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 239 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>MARRIOTT HOTELS</b>	<b>Transaction ID: SBD.78</b> Date of Disbursement
	Mailing Address <b>MARRIOTT DR</b>	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20058</b>	Amount of Each Disbursement this Period
	Purpose of Disbursement <b>TRAVEL</b> Candidate Name	<input type="text" value="5495.44"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="000"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

B.	Full Name (Last, First, Middle Initial) <b>PHOENIX INN</b>	<b>Transaction ID: SBD.63</b> Date of Disbursement
	Mailing Address <b>246 N PLEASANTBURG DR</b>	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City <b>GREENVILLE</b> State <b>SC</b> Zip Code <b>29607</b>	Amount of Each Disbursement this Period
	Purpose of Disbursement <b>TRAVEL</b> Candidate Name	<input type="text" value="716.10"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="000"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

C.	Full Name (Last, First, Middle Initial) <b>PHOENIX INN</b>	<b>Transaction ID: SBD.64</b> Date of Disbursement
	Mailing Address <b>246 N PLEASANTBURG DR</b>	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City <b>GREENVILLE</b> State <b>SC</b> Zip Code <b>29607</b>	Amount of Each Disbursement this Period
	Purpose of Disbursement <b>TRAVEL</b> Candidate Name	<input type="text" value="716.10"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="000"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A.** Full Name (Last, First, Middle Initial)  
**QUALITY INN & SUITES**

Mailing Address 3537 W BROADWAY

City COUNCIL BLUFFS State IA Zip Code 51501

Purpose of Disbursement FACILITY RENTAL  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SBD.16  
Date of Disbursement  
M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 8

Amount of Each Disbursement this Period  
160.50

Category/Type: 000

[MEMO ITEM]

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

Mailing Address 176 E THIRD ST

City DAVENPORT State IA Zip Code 52801

Purpose of Disbursement FACILITY RENTAL  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SBD.13  
Date of Disbursement  
M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 8

Amount of Each Disbursement this Period  
300.00

Category/Type: 000

[MEMO ITEM]

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

Mailing Address ONE SYMPHONY PLACE

City NASHVILLE State TN Zip Code 37201

Purpose of Disbursement FACILITY RENTAL  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SBD.45  
Date of Disbursement  
M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 8

Amount of Each Disbursement this Period  
12793.89

Category/Type: 000

[MEMO ITEM]

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 241 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
SENTIMENTAL JOURNEYS

Mailing Address PO BOX 22449

City NASHVILLE State TN Zip Code 37202

Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.74

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SBD.14

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

194.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS CREDIT CARD - RICHARD

Mailing Address PO BOX 360001

City FT LAUDERDALE State FL Zip Code 33336-0000

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.1003

Date of Disbursement

02 / 24 / 2008

Amount of Each Disbursement this Period

2359.55

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2359.55

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 242 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>DOMINOS PIZZA</b>	<b>Transaction ID: SBD.87</b>
	Mailing Address 1420 CHAIN BRIDGE RD	Date of Disbursement MM / DD / YYYY 02 / 24 / 2008
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period 78.16
	Purpose of Disbursement FOOD/BEVERAGE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>DR CAR WASH</b>	<b>Transaction ID: SBD.81</b>
	Mailing Address 13663 LEE JACKSON MEMORIAL HWY	Date of Disbursement MM / DD / YYYY 02 / 24 / 2008
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period 14.45
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>EXXON/MOBILE</b>	<b>Transaction ID: SBD.85</b>
	Mailing Address 5959 LAS COLINAS BLVD	Date of Disbursement MM / DD / YYYY 02 / 24 / 2008
	City IRVING State TX Zip Code 75039	Amount of Each Disbursement this Period 625.00
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <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 3P)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
QWEST COMMUNICATIONS

Transaction ID: SBD.80

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	8

Mailing Address 1801 CALIFORNIA ST

Amount of Each Disbursement this Period

765.87
--------

City State Zip Code  
DENVER CO 80202

Purpose of Disbursement  
PHONE SVC

000
Category/ Type

Candidate Name

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
RADIOSHACK

Transaction ID: SBD.84

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	8

Mailing Address 1961 CHAIN BRIDGE RD

Amount of Each Disbursement this Period

209.98
--------

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
OFFICE SUPPLIES

000
Category/ Type

Candidate Name

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
SUNOCO

Transaction ID: SBD.82

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	8

Mailing Address 4475 CHANTILLY SHOPPING CNTR

Amount of Each Disbursement this Period

2.03
------

City State Zip Code  
CHANTILLY VA 20151

Purpose of Disbursement  
TRAVEL

000
Category/ Type

Candidate Name

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00
------

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

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# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
SUNOCO

Transaction ID: SBD.83  
Date of Disbursement

Mailing Address 4475 CHANTILLY SHOPPING CNTR

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	8

City CHANTILLY State VA Zip Code 20151

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

39.06
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
SUNOCO

Transaction ID: SBD.86  
Date of Disbursement

Mailing Address 4475 CHANTILLY SHOPPING CNTR

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	8

City CHANTILLY State VA Zip Code 20151

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

000
Category/ Type

625.00
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Transaction ID: SB23.130  
Date of Disbursement

Mailing Address PO BOX 53852

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	0	8

City PHOENIX State AZ Zip Code 85072

Amount of Each Disbursement this Period

Purpose of Disbursement  
CREDIT CARD FEE

000
Category/ Type

7937.70
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

7937.70
---------

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

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# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB23.2 Date of Disbursement
	Mailing Address PO BOX 53852	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City PHOENIX State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD FEE Candidate Name	<input type="text" value="0.65"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB23.28 Date of Disbursement
	Mailing Address PO BOX 53852	<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City PHOENIX State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD FEE Candidate Name	<input type="text" value="155.61"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB23.3 Date of Disbursement
	Mailing Address PO BOX 53852	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City PHOENIX State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD FEE Candidate Name	<input type="text" value="5.46"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="161.72"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB23.9 Date of Disbursement																			
	Mailing Address PO BOX 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	0	8												
	City PHOENIX State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CREDIT CARD FEE	<table border="1"><tr><td>38.50</td></tr></table>	38.50																		
38.50																					
	Candidate Name	<table border="1"><tr><td>000</td></tr></table> Category/Type	000																		
000																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008																			
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) AT&T MOBILITY	Transaction ID: SB23.136 Date of Disbursement																			
	Mailing Address PO BOX 78405	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	0		2	0	0	8												
	City PHOENIX State AZ Zip Code 85062	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PHONE SVC	<table border="1"><tr><td>10326.88</td></tr></table>	10326.88																		
10326.88																					
	Candidate Name	<table border="1"><tr><td>000</td></tr></table> Category/Type	000																		
000																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008																			
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) BANKCARD USA MERCHANT SERVICES	Transaction ID: SB23.1 Date of Disbursement																			
	Mailing Address 5701 LINDERO CANYON RD BLDG 3	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	9		2	0	0	8												
	City WESTLAKE VILLAGE State CA Zip Code 91362	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CREDIT CARD FEE	<table border="1"><tr><td>0.37</td></tr></table>	0.37																		
0.37																					
	Candidate Name	<table border="1"><tr><td>000</td></tr></table> Category/Type	000																		
000																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008																			
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>10365.75</td></tr></table>	10365.75
10365.75		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BANKCARD USA MERCHANT SERVICES</b> <hr/> Mailing Address 5701 LINDERO CANYON RD BLDG 3 <hr/> City WESTLAKE VILLAGE State CA Zip Code 91362 <hr/> Purpose of Disbursement CREDIT CARD FEE Candidate Name _____	<b>Transaction ID: SB23.12</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8	Amount of Each Disbursement this Period 50.14
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	000 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BANKCARD USA MERCHANT SERVICES</b> <hr/> Mailing Address 5701 LINDERO CANYON RD BLDG 3 <hr/> City WESTLAKE VILLAGE State CA Zip Code 91362 <hr/> Purpose of Disbursement CREDIT CARD FEE Candidate Name _____	<b>Transaction ID: SB23.14</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 60.31
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	000 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BANKCARD USA MERCHANT SERVICES</b> <hr/> Mailing Address 5701 LINDERO CANYON RD BLDG 3 <hr/> City WESTLAKE VILLAGE State CA Zip Code 91362 <hr/> Purpose of Disbursement CREDIT CARD FEE Candidate Name _____	<b>Transaction ID: SB23.18</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8	Amount of Each Disbursement this Period 79.78
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	000 Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	190.23
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>BANKCARD USA MERCHANT SERVICES</b>	<b>Transaction ID: SB23.20</b>
	Mailing Address 5701 LINDERO CANYON RD BLDG 3	Date of Disbursement MM / DD / YYYY 02 / 25 / 2008
	City WESTLAKE VILLAGE State CA Zip Code 91362	Amount of Each Disbursement this Period 93.74
	Purpose of Disbursement CREDIT CARD FEE Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>BANKCARD USA MERCHANT SERVICES</b>	<b>Transaction ID: SB23.6</b>
	Mailing Address 5701 LINDERO CANYON RD BLDG 3	Date of Disbursement MM / DD / YYYY 02 / 11 / 2008
	City WESTLAKE VILLAGE State CA Zip Code 91362	Amount of Each Disbursement this Period 18.92
	Purpose of Disbursement CREDIT CARD FEE Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>BARRINGTON WORLDWIDE</b>	<b>Transaction ID: SB23.140B</b>
	Mailing Address PO BOX 19057	Date of Disbursement MM / DD / YYYY 02 / 07 / 2008
	City ALEXANDRIA State VA Zip Code 22320	Amount of Each Disbursement this Period 12500.00
	Purpose of Disbursement MEDIA Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**12612.66**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 249 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BCN TELECOM INC</b> <hr/> Mailing Address <b>PO BOX 52245</b> <hr/> City <b>NEWARK</b> State <b>NH</b> Zip Code <b>07101</b> <hr/> Purpose of Disbursement <b>PHONE SVC</b> Candidate Name _____	<b>Transaction ID: SB23.41</b> Date of Disbursement 02 / 20 / 2008	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 272.92	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BRYAN CAVE LLP</b> <hr/> Mailing Address <b>PO BOX 503089</b> <hr/> City <b>ST LOUIS</b> State <b>MO</b> Zip Code <b>63150</b> <hr/> Purpose of Disbursement <b>LEGAL CONSULTING</b> Candidate Name _____	<b>Transaction ID: SB23.146</b> Date of Disbursement 02 / 27 / 2008	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 20080.33	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CAC DIRECT MARKETING SERVICES</b> <hr/> Mailing Address <b>99 RAY RD</b> <hr/> City <b>BALTIMORE</b> State <b>MD</b> Zip Code <b>21227</b> <hr/> Purpose of Disbursement <b>PRINTING</b> Candidate Name _____	<b>Transaction ID: SB23.129</b> Date of Disbursement 02 / 07 / 2008	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 7923.46	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>28276.71</b>	
<b>TOTAL</b> This Period (last page this line number only) .....			

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 250 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) CAPITOL GAINS CORP	Transaction ID: SB23.128
	Mailing Address 150 ALHAMBRA CR STE 1220	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City CORAL GABLES State FL Zip Code 33134	Amount of Each Disbursement this Period 7500.00
	Purpose of Disbursement STRATEGIC CONSULTING Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CIRCULAR ADVERTISING	Transaction ID: SB23.156
	Mailing Address 99 RAY RD	Date of Disbursement MM / DD / YYYY 02 / 07 / 2008
	City BALTIMORE State MD Zip Code 21227	Amount of Each Disbursement this Period -54208.70
	Purpose of Disbursement VOID CHECK Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CITY OF COLUMBIA	Transaction ID: SB23.60
	Mailing Address PO BOX 7997	Date of Disbursement MM / DD / YYYY 02 / 20 / 2008
	City COLUMBIA State SC Zip Code 29202	Amount of Each Disbursement this Period 434.31
	Purpose of Disbursement UTILITIES Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-46274.39</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB23.122 Date of Disbursement
	Mailing Address 7704 LEESBURG PK	<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA MANAGEMENT SVC Candidate Name	<input type="text" value="5592.30"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="000"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB23.152 Date of Disbursement
	Mailing Address 7704 LEESBURG PK	<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA MANAGEMENT SVC Candidate Name	<input type="text" value="50064.78"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="000"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING OF VIRGINIA	Transaction ID: SB23.139 Date of Disbursement
	Mailing Address PO BOX 365	<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name	<input type="text" value="12000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="000"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="67657.08"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>COMPTROLLER OF MARYLAND</b> <hr/> Mailing Address <b>REVENUE ADMINISTRATION DIVISION</b> <hr/> City <b>ANNAPOLIS</b> State <b>MD</b> Zip Code <b>21411</b> Purpose of Disbursement <b>PAYROLL TAXES</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB23.87</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 2 / 2 9 / 2 0 0 8</b> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1027.54</div>
B.	Full Name (Last, First, Middle Initial) <b>DATA MART</b> <hr/> Mailing Address <b>PO BOX 3250</b> <hr/> City <b>TUSTIN</b> State <b>CA</b> Zip Code <b>92781</b> Purpose of Disbursement <b>WEB SVC</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB23.25</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 2 / 0 7 / 2 0 0 8</b> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">115.42</div>
C.	Full Name (Last, First, Middle Initial) <b>DIGITAL OFFICE PRODUCTS</b> <hr/> Mailing Address <b>1749 OLD MEADOW RD STE 200</b> <hr/> City <b>MCLEAN</b> State <b>VA</b> Zip Code <b>22102</b> Purpose of Disbursement <b>OFFICE SUPPLIES</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB23.49</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 2 / 0 7 / 2 0 0 8</b> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">340.94</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">1483.90</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>DIGITAL OFFICE PRODUCTS</b> <hr/> Mailing Address 1749 OLD MEADOW RD STE 200 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement EQUIPMENT RENTAL Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.55 Date of Disbursement 02 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 400.00
B.	Full Name (Last, First, Middle Initial) <b>DIRECT IMPRESSIONS</b> <hr/> Mailing Address 2100 TOMLYNN ST <hr/> City RICHMOND State VA Zip Code 23230 <hr/> Purpose of Disbursement PRINTING Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.107 Date of Disbursement 02 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 2716.50
C.	Full Name (Last, First, Middle Initial) <b>DISCOVER NETWORK</b> <hr/> Mailing Address PO BOX 52145 <hr/> City PHOENIX State AZ Zip Code 85072 <hr/> Purpose of Disbursement CREDIT CARD FEE Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.103 Date of Disbursement 02 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 2258.88

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5375.38</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>DUPLI ENVELOPES AND GRAPHICS</b> <hr/> Mailing Address PO BOX 11500 <hr/> City SYRACUSE State NY Zip Code 13218 <hr/> Purpose of Disbursement PRINTING Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">000</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.120 Date of Disbursement <span style="border: 1px solid black; padding: 2px;">0 2</span> / <span style="border: 1px solid black; padding: 2px;">0 7</span> / <span style="border: 1px solid black; padding: 2px;">2 0 0 8</span> <hr/> Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">4992.00</span>
B.	Full Name (Last, First, Middle Initial) <b>EAGLE INTERACTIVE</b> <hr/> Mailing Address 1 MASSACHUSETTS AVE 6TH FL <hr/> City WASHINGTON State DC Zip Code 20001 <hr/> Purpose of Disbursement LIST RENTAL Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">000</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.125 Date of Disbursement <span style="border: 1px solid black; padding: 2px;">0 2</span> / <span style="border: 1px solid black; padding: 2px;">0 7</span> / <span style="border: 1px solid black; padding: 2px;">2 0 0 8</span> <hr/> Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">6000.00</span>
C.	Full Name (Last, First, Middle Initial) <b>EATON RIVER STRATEGIES</b> <hr/> Mailing Address 28 EDWARD RD <hr/> City WEST NEWTON State MA Zip Code 02465 <hr/> Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TVL Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">000</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.132 Date of Disbursement <span style="border: 1px solid black; padding: 2px;">0 2</span> / <span style="border: 1px solid black; padding: 2px;">0 7</span> / <span style="border: 1px solid black; padding: 2px;">2 0 0 8</span> <hr/> Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">9455.12</span>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<span style="border: 1px solid black; padding: 5px; display: block;">20447.12</span>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<span style="border: 1px solid black; padding: 5px; display: block;"> </span>

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) ELECTION CONNECTIONS INC	Transaction ID: SB23.144
	Mailing Address PO BOX 10866	Date of Disbursement MM / DD / YYYY 02 / 27 / 2008
	City TALLAHASSEE State FL Zip Code 32302	Amount of Each Disbursement this Period 18089.60
	Purpose of Disbursement MESSAGE PHONE CALLS Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ELECTION CONNECTIONS INC	Transaction ID: SB23.154
	Mailing Address PO BOX 10866	Date of Disbursement MM / DD / YYYY 02 / 07 / 2008
	City TALLAHASSEE State FL Zip Code 32302	Amount of Each Disbursement this Period 210302.98
	Purpose of Disbursement MESSAGE PHONE CALLS Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ENWRIGHT CONSULTING CO	Transaction ID: SB23.145
	Mailing Address PO BOX 10362	Date of Disbursement MM / DD / YYYY 02 / 07 / 2008
	City TALLAHASSEE State FL Zip Code 32302	Amount of Each Disbursement this Period 20000.00
	Purpose of Disbursement STRATEGIC CONSULTING Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>248392.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>EVENT STRATEGIES INC</b>	<b>Transaction ID: SB23.113</b>
	Mailing Address 211 N UNION ST STE 220	Date of Disbursement MM / DD / YYYY 02 / 07 / 2008
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 3137.86
	Purpose of Disbursement STAGING/TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>FEDEX</b>	<b>Transaction ID: SB23.11</b>
	Mailing Address PO BOX 660481	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City DALLAS State TX Zip Code 75266	Amount of Each Disbursement this Period 44.15
	Purpose of Disbursement DELIVERY Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>FEDEX</b>	<b>Transaction ID: SB23.22</b>
	Mailing Address PO BOX 660481	Date of Disbursement MM / DD / YYYY 02 / 21 / 2008
	City DALLAS State TX Zip Code 75266	Amount of Each Disbursement this Period 100.56
	Purpose of Disbursement DELIVERY Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3282.57</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB23.38 Date of Disbursement 02 / 29 / 2008
	Mailing Address PO BOX 660481	Amount of Each Disbursement this Period 251.50
	City DALLAS State TX Zip Code 75266	
	Purpose of Disbursement DELIVERY Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB23.42 Date of Disbursement 02 / 27 / 2008
	Mailing Address PO BOX 660481	Amount of Each Disbursement this Period 275.41
	City DALLAS State TX Zip Code 75266	
	Purpose of Disbursement DELIVERY Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB23.44 Date of Disbursement 02 / 29 / 2008
	Mailing Address PO BOX 660481	Amount of Each Disbursement this Period 297.25
	City DALLAS State TX Zip Code 75266	
	Purpose of Disbursement DELIVERY Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	824.16
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB23.86
	Mailing Address PO BOX 660481	Date of Disbursement 02 / 20 / 2008
	City DALLAS State TX Zip Code 75266	Amount of Each Disbursement this Period 1017.60
	Purpose of Disbursement DELIVERY Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GA DEPARTMENT OF LABOR	Transaction ID: SB23.29
	Mailing Address PO BOX 740234	Date of Disbursement 02 / 15 / 2008
	City ATLANTA State GA Zip Code 30374	Amount of Each Disbursement this Period 157.20
	Purpose of Disbursement PAYROLL TAXES Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GOOGLE ADWORDS	Transaction ID: SB23.10
	Mailing Address 1600 AMPHITHEATRE PKY	Date of Disbursement 02 / 25 / 2008
	City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 44.01
	Purpose of Disbursement SUBSCRIPTIONS Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1218.81
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>HEMPHILL BROTHERS COACH CO</b>	<b>Transaction ID:</b> SB23.147 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8	
	Mailing Address 7471 OLD HICKORY BLVD		
	City WHITES CREEK State TN Zip Code 37189	Amount of Each Disbursement this Period	23760.14
	Purpose of Disbursement TRANSPORTATION SVC Candidate Name	000 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>I WEB STRATEGIES</b>	<b>Transaction ID:</b> SB23.143 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8	
	Mailing Address 814 KING ST STE 430		
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period	17700.00
	Purpose of Disbursement WEB SVC Candidate Name	000 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>ILLUMEN</b>	<b>Transaction ID:</b> SB23.59 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
	Mailing Address 1000 POTOMAC ST NW STE 430		
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period	416.67
	Purpose of Disbursement WEB SVC Candidate Name	000 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>41876.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) INFOCISION	Transaction ID: SB23.153
	Mailing Address 325 SPRINGSIDE DR	Date of Disbursement MM / DD / YYYY 02 / 07 / 2008
	City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 93117.91
	Purpose of Disbursement FUNDRAISING PHONE CALLS	000 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB23.119
	Mailing Address PO BOX 105273	Date of Disbursement MM / DD / YYYY 02 / 15 / 2008
	City ATLANTA State GA Zip Code 30348	Amount of Each Disbursement this Period 4458.21
	Purpose of Disbursement PAYROLL TAXES	000 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB23.133
	Mailing Address PO BOX 105273	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City ATLANTA State GA Zip Code 30348	Amount of Each Disbursement this Period 9646.83
	Purpose of Disbursement PAYROLL TAXES	000 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ..... ▶

107222.95

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>JONES LANG LASALLE AMERICAS INC</b>	<b>Transaction ID: SB23.71</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
	Mailing Address 1600 TYSON'S BLVD STE 1000		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period	587.65
	Purpose of Disbursement EQUIPMENT MAINTENANCE	000	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>KEYSPAN ENERGY DELIVERY</b>	<b>Transaction ID: SB23.75</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8	
	Mailing Address PO BOX 4300		
	City WOBURN State MA Zip Code 01888	Amount of Each Disbursement this Period	604.98
	Purpose of Disbursement UTILITIES	000	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>LEXISNEXIS</b>	<b>Transaction ID: SB23.97</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8	
	Mailing Address PO BOX 2314		
	City CAROL STREAM State IL Zip Code 60132	Amount of Each Disbursement this Period	1500.00
	Purpose of Disbursement SUBSCRIPTIONS	000	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

2692.63

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) MCI COMM SERVICE	Transaction ID: SB23.5 Date of Disbursement
	Mailing Address 27732 NETWORK PL	<input type="text" value="02"/> <input type="text" value="27"/> / <input type="text" value="2008"/>
	City CHICAGO State IL Zip Code 60673	Amount of Each Disbursement this Period
	Purpose of Disbursement PHONE SVC	<input type="text" value="14.93"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NOVA INFORMATION SYSTEMS INC	Transaction ID: SB23.151 Date of Disbursement
	Mailing Address 7300 CHAPMAN HWY	<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD FEE	<input type="text" value="39529.02"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PAYCHEX	Transaction ID: SB23.30 Date of Disbursement
	Mailing Address 22 CENTURY BLVE STE 150	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="2008"/>
	City NASHVILLE State TN Zip Code 37229	Amount of Each Disbursement this Period
	Purpose of Disbursement INSURANCE	<input type="text" value="175.00"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="39718.95"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>PAYCHEX</b>	<b>Transaction ID: SB23.95</b>
	Mailing Address <b>22 CENTURY BLVE STE 150</b>	Date of Disbursement MM / DD / YYYY <b>02 / 11 / 2008</b>
	City <b>NASHVILLE</b> State <b>TN</b> Zip Code <b>37229</b>	Amount of Each Disbursement this Period <b>1397.82</b>
	Purpose of Disbursement <b>PAYROLL SVC</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>PITNEY BOWES</b>	<b>Transaction ID: SB23.88</b>
	Mailing Address <b>PO BOX 856390</b>	Date of Disbursement MM / DD / YYYY <b>02 / 07 / 2008</b>
	City <b>LOUISVILLE</b> State <b>KY</b> Zip Code <b>40285</b>	Amount of Each Disbursement this Period <b>1152.00</b>
	Purpose of Disbursement <b>EQUIPMENT RENTAL</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>POTTERS BAKERY AND CAFE</b>	<b>Transaction ID: SB23.98</b>
	Mailing Address <b>13412 HARPER PL</b>	Date of Disbursement MM / DD / YYYY <b>02 / 07 / 2008</b>
	City <b>FONTANA</b> State <b>CA</b> Zip Code <b>92336</b>	Amount of Each Disbursement this Period <b>1556.98</b>
	Purpose of Disbursement <b>CATERING</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4106.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A.** Full Name (Last, First, Middle Initial)  
**PROJECT PERFORMANCE CORPORATION**

Mailing Address 1760 OLD MEADOW RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
RENT

Candidate Name

000  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB23.148  
Date of Disbursement

02 / 07 / 2008

Amount of Each Disbursement this Period

24869.00

**B.** Full Name (Last, First, Middle Initial)  
**PROJECT PERFORMANCE CORPORATION**

Mailing Address 1760 OLD MEADOW RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
RENT

Candidate Name

000  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB23.149  
Date of Disbursement

02 / 21 / 2008

Amount of Each Disbursement this Period

24869.00

**C.** Full Name (Last, First, Middle Initial)  
**PUBLIC SERVICE OF NH**

Mailing Address PO BOX 360

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
UTILITIES

Candidate Name

000  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB23.54  
Date of Disbursement

02 / 07 / 2008

Amount of Each Disbursement this Period

398.92

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

50136.92

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



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
REGENCY PLAZA LLC

Mailing Address 6600 WESTOWN PKWY STE220

City DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
VOID CHECK

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.157  
Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

-6500.00

B.

Full Name (Last, First, Middle Initial)  
REVOLUTION MEDIA

Mailing Address 1090 VERMONT AVE NW STE 230

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
MEDIA

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.104  
Date of Disbursement

02 / 07 / 2008

Amount of Each Disbursement this Period

2260.00

C.

Full Name (Last, First, Middle Initial)  
SENTIMENTAL JOURNEYS

Mailing Address PO BOX 22449

City NASHVILLE State TN Zip Code 37202

Purpose of Disbursement  
EQUIPMENT MAINTENANCE

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.105  
Date of Disbursement

02 / 21 / 2008

Amount of Each Disbursement this Period

2303.51

SUBTOTAL of Disbursements This Page (optional) ..... ▶

-1936.49

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
SHRED IT DES MOINES

Mailing Address 4428 NW URBANDALE DR

City URBANDALE State IA Zip Code 50322

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.21  
Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

98.96

B.

Full Name (Last, First, Middle Initial)  
SOUTH PUBLIC AFFAIRS CONSULTING LLC

Mailing Address PO BOX 89298

City ATLANTA State GA Zip Code 30312

Purpose of Disbursement  
STRATEGIC CONSULTING

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.123  
Date of Disbursement

02 / 07 / 2008

Amount of Each Disbursement this Period

5900.00

C.

Full Name (Last, First, Middle Initial)  
STARBOARD COMMUNICATIONS INC

Mailing Address 1043 BARR RD

City LEXINGTON State SC Zip Code 28072

Purpose of Disbursement  
PRINTING

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.67  
Date of Disbursement

02 / 07 / 2008

Amount of Each Disbursement this Period

570.00

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

6568.96

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) STATE OF TENNESSEE	Transaction ID: SB23.7 Date of Disbursement
	Mailing Address PO BOX 101	<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City NASHVILLE State TN Zip Code 37202	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES Candidate Name	<input type="text" value="22.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="000"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) STATE OF TENNESSEE	Transaction ID: SB23.8 Date of Disbursement
	Mailing Address PO BOX 101	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City NASHVILLE State TN Zip Code 37202	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES Candidate Name	<input type="text" value="22.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="000"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) STATE OF VIRGINIA	Transaction ID: SB23.34 Date of Disbursement
	Mailing Address PO BOX 1358	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City RICHMOND State VA Zip Code 23218	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES Candidate Name	<input type="text" value="240.51"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="000"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="285.51"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) STATE OF VIRGINIA  Mailing Address PO BOX 1358  City RICHMOND State VA Zip Code 23218  Purpose of Disbursement PAYROLL TAXES Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.48 Date of Disbursement 02 / 15 / 2008  Amount of Each Disbursement this Period 334.04  Category/Type 000
B.	Full Name (Last, First, Middle Initial) STREAMLOGICS INC  Mailing Address 555 RICHMOND ST W STE 400  City TORONTO State ON Zip Code 99999  Purpose of Disbursement WEB SVC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.84 Date of Disbursement 02 / 07 / 2008  Amount of Each Disbursement this Period 900.00  Category/Type 000
C.	Full Name (Last, First, Middle Initial) THOMAS GRAPHICS  Mailing Address PO BOX 142226  City AUSTIN State TX Zip Code 78714  Purpose of Disbursement PRINTING Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.117 Date of Disbursement 02 / 27 / 2008  Amount of Each Disbursement this Period 3989.01  Category/Type 000

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5223.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) THOMAS GRAPHICS	Transaction ID: SB23.127
	Mailing Address PO BOX 142226	Date of Disbursement 02 / 20 / 2008
	City AUSTIN State TX Zip Code 78714	Amount of Each Disbursement this Period 7259.05
	Purpose of Disbursement PRINTING Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) THOMAS GRAPHICS	Transaction ID: SB23.134
	Mailing Address PO BOX 142226	Date of Disbursement 02 / 07 / 2008
	City AUSTIN State TX Zip Code 78714	Amount of Each Disbursement this Period 9953.59
	Purpose of Disbursement PRINTING Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIME WARNER SC	Transaction ID: SB23.15
	Mailing Address 3347 PLATT SPRINGS RD	Date of Disbursement 02 / 20 / 2008
	City WEST COLUMBIA State SC Zip Code 29170	Amount of Each Disbursement this Period 67.87
	Purpose of Disbursement UTILITIES Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	17280.51
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) TIME WARNER SC	Transaction ID: SB23.16 Date of Disbursement
	Mailing Address 3347 PLATT SPRINGS RD	<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City WEST COLUMBIA State SC Zip Code 29170	Amount of Each Disbursement this Period
	Purpose of Disbursement UTILITIES	<input type="text" value="67.87"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: SB23.13 Date of Disbursement
	Mailing Address PO BOX 660108	<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City DALLAS State TX Zip Code 75266	Amount of Each Disbursement this Period
	Purpose of Disbursement PHONE SVC	<input type="text" value="55.58"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WACHOVIA BANK	Transaction ID: SB23.141 Date of Disbursement
	Mailing Address 230 FOURTH AVE N	<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City NASHVILLE State TN Zip Code 37219	Amount of Each Disbursement this Period
	Purpose of Disbursement TAXES	<input type="text" value="14306.90"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="14430.35"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) WACHOVIA BANK</p> <p>Mailing Address 230 FOURTH AVE N</p> <p>City NASHVILLE State TN Zip Code 37219</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.17</p> <p>Date of Disbursement 02 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 70.00</p> <p>000 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) WACHOVIA BANK</p> <p>Mailing Address 230 FOURTH AVE N</p> <p>City NASHVILLE State TN Zip Code 37219</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.35</p> <p>Date of Disbursement 02 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>000 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) WADE STRATEGIC COMMUNICATIONS</p> <p>Mailing Address 6846 MCLEAN PROVINCE CR</p> <p>City FALLS CHURCH State VA Zip Code 22043</p> <p>Purpose of Disbursement WEB SVC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.106</p> <p>Date of Disbursement 02 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>000 Category/ Type</p>

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

2820.00

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A.** Full Name (Last, First, Middle Initial)  
**WALLERLANDSDEN DORTCH & DAVIS**

Mailing Address PO BOX 198966

City NASHVILLE State TN Zip Code 37211

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.85

Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

1001.00

**B.** Full Name (Last, First, Middle Initial)  
**WARFIELD & WALSH INC**

Mailing Address 601 S WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
LIST MANAGEMENT SVC

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.131

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

8123.20

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

Mailing Address 3122 ROKEBY RD

City DELAPLANE State VA Zip Code 20144

Purpose of Disbursement  
MEDIA

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.135

Date of Disbursement

02 / 21 / 2008

Amount of Each Disbursement this Period

10000.00

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

19124.20

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 273 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>WARFIELD &amp; COMPANY</b>	<b>Transaction ID: SB23.142</b>
	Mailing Address 3122 ROKEBY RD	Date of Disbursement 02 / 20 / 2008
	City DELAPLANE State VA Zip Code 20144	Amount of Each Disbursement this Period 15837.85
	Purpose of Disbursement MEDIA Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>WILDSIDE CATERERS</b>	<b>Transaction ID: SB23.110</b>
	Mailing Address 175 W KELLOG BLVD STE 503	Date of Disbursement 02 / 07 / 2008
	City ST PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period 2970.96
	Purpose of Disbursement CATERING Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>XO COMMUNICATIONS</b>	<b>Transaction ID: SB23.102</b>
	Mailing Address 14239 COLLECTIONS CENTER DR	Date of Disbursement 02 / 27 / 2008
	City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period 1950.57
	Purpose of Disbursement PHONE SVC Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>20759.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 274 / 321

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
YUMA SOLUTIONS INC

Transaction ID: SB23.150

Date of Disbursement

Mailing Address 1876 ELDER CT STE B

<sup>M</sup> 0	<sup>M</sup> 2	/	<sup>D</sup> 0	<sup>D</sup> 7	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 8
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City TALLAHASSEE State FL Zip Code 32308

Amount of Each Disbursement this Period

34561.94
----------

Purpose of Disbursement  
EQUIPMENT RENTAL

000
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

34561.94
----------

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

1014248.56
------------

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
MARSHALL G ALLAN

Transaction ID: SB28.97  
Date of Disbursement

Mailing Address 17 SOMERSET ST 3RD FL

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City NEW YORK State NY Zip Code 54007

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

1000.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
CAROLYN E AMIOT

Transaction ID: SB28.41  
Date of Disbursement

Mailing Address 106 BONNAVENTURE PL

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City NASHVILLE State TN Zip Code 37205

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

2300.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
TANI D AUSTIN

Transaction ID: SB28.119  
Date of Disbursement

Mailing Address 5334 HARBOR TOWN DR

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City DALLAS State TX Zip Code 75287

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

2300.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

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

5600.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>RONALD P BARNES</b>	<b>Transaction ID: SB28.24</b>
	Mailing Address <b>8212 BELL MILL RD</b>	Date of Disbursement MM / DD / YYYY <b>02 / 14 / 2008</b>
	City <b>OOLTEWAH</b> State <b>TN</b> Zip Code <b>37363</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>EUGENE BLACKWELL</b>	<b>Transaction ID: SB28.2</b>
	Mailing Address <b>2023 OLD HICKORY GROVE RD</b>	Date of Disbursement MM / DD / YYYY <b>02 / 01 / 2008</b>
	City <b>MT HOLLY</b> State <b>NC</b> Zip Code <b>28120</b>	Amount of Each Disbursement this Period <b>5.00</b>
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>KENNETH BOLEN</b>	<b>Transaction ID: SB28.85</b>
	Mailing Address <b>152 JEFFERSON DR</b>	Date of Disbursement MM / DD / YYYY <b>02 / 29 / 2008</b>
	City <b>BEAVER</b> State <b>WV</b> Zip Code <b>25813</b>	Amount of Each Disbursement this Period <b>2300.00</b>
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3305.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 277 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>JOHN D BOLSTAD</b>	<b>Transaction ID: SB28.76</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
	Mailing Address 1542 IRVINE AVE		
	City NEWPORT BEACH State CA Zip Code 92660	Amount of Each Disbursement this Period	200.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/Type	000
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>GUY BOSTICK</b>	<b>Transaction ID: SB28.62</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
	Mailing Address 1300 W LAKE OTIS DR SE		
	City WINTER HAVEN State FL Zip Code 33880	Amount of Each Disbursement this Period	100.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/Type	000
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BONNIE BOUSMAN</b>	<b>Transaction ID: SB28.8</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8	
	Mailing Address 9331 DEWEY DR		
	City GARDEN GROVE State CA Zip Code 92841	Amount of Each Disbursement this Period	600.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/Type	000
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>FURNIE BOYCE</b>	<b>Transaction ID: SB28.57</b>
	Mailing Address 4532 INTELCO LOOP SE APT 354	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City LACEY State WA Zip Code 98503	Amount of Each Disbursement this Period 1400.00
	Purpose of Disbursement CONTRIBUTION REFUND	000 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>RALPH BUCKNER, JR</b>	<b>Transaction ID: SB28.22</b>
	Mailing Address 400 ANATOLE LN NE	Date of Disbursement MM / DD / YYYY 02 / 14 / 2008
	City CLEVELAND State TN Zip Code 37312	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement CONTRIBUTION REFUND	000 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>SUE ANN BURCHETTE</b>	<b>Transaction ID: SB28.118</b>
	Mailing Address 28060 BRICK ROW DR	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City OXFORD State MD Zip Code 21654	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement CONTRIBUTION REFUND	000 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A.**

Full Name (Last, First, Middle Initial)  
WILLIAM BURCHETTE

**Transaction ID:** SB28.127  
Date of Disbursement

Mailing Address 28060 BRICK ROW DR

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City OXFORD State MD Zip Code 21654

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
CONTRIBUTION REFUND

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

**B.**

Full Name (Last, First, Middle Initial)  
MARY C BURKEY

**Transaction ID:** SB28.28  
Date of Disbursement

Mailing Address 4118 WISTON DR

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	8

City GROVEPORT State OH Zip Code 43125

Amount of Each Disbursement this Period

20.00
-------

Purpose of Disbursement  
CONTRIBUTION REFUND

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

**C.**

Full Name (Last, First, Middle Initial)  
LOUIS R CAPPELLI

**Transaction ID:** SB28.95  
Date of Disbursement

Mailing Address 115 STEVENS AVE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City VALHALLA State NY Zip Code 10595

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
CONTRIBUTION REFUND

000
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

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

4620.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) LOUIS L CERUZZI, JR <hr/> Mailing Address 1099 PEQUOT AVE <hr/> City FAIRFIELD State CT Zip Code 06430 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB28.94 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 2300.00
<b>B.</b>	Full Name (Last, First, Middle Initial) TERESE M CERUZZI <hr/> Mailing Address 1099 PEQUOT AVE <hr/> City SOUTHPORT State CT Zip Code 06890 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB28.120 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 2300.00
<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM CHILDS <hr/> Mailing Address 3538 EASTWIND ST <hr/> City INDIANAPOLIS State IN Zip Code 46227 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB28.128 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 249.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4849.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) KAREN CLARK	Transaction ID: SB28.18 Date of Disbursement 02 / 14 / 2008
	Mailing Address 3515 WATER WALK DR	Amount of Each Disbursement this Period 50.00
	City WYOMING State MI Zip Code 49418	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRAN L CLIPPARD	Transaction ID: SB28.52 Date of Disbursement 02 / 29 / 2008
	Mailing Address 2315 ABBOTT MARTIN RD	Amount of Each Disbursement this Period 0.50
	City NASHVILLE State TN Zip Code 37215	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HAROLD COKER	Transaction ID: SB28.65 Date of Disbursement 02 / 29 / 2008
	Mailing Address 6730 STANDIFER GAP RD	Amount of Each Disbursement this Period 2300.00
	City CHATTANOOGA State TN Zip Code 37421	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2350.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
WILLIAM T COLEMAN

Mailing Address 1286 BALLANTRAE FARM DR

City State Zip Code  
MCLEAN VA 22101

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

000  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB28.131  
Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

700.00

B.

Full Name (Last, First, Middle Initial)  
SONJA KAY COOPER

Mailing Address 1401 BULLARD RD

City State Zip Code  
POWDER SPRINGS GA 30127

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

000  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB28.115  
Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
JACK L COPELAND

Mailing Address 105 E BEDFORD ST

City State Zip Code  
DIMMITT TX 79027

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

000  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB28.69  
Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

2300.00

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

5300.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A.**

Full Name (Last, First, Middle Initial)  
JM COX

**Transaction ID:** SB28.75

Date of Disbursement

Mailing Address PO BOX 3891

<sup>M</sup> 0	<sup>M</sup> 2	/	<sup>D</sup> 2	<sup>D</sup> 9	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 8
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City JOHNSON CITY State TN Zip Code 37602

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000

Category/  
Type

2300.00
---------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
DANIEL F CREMINS

**Transaction ID:** SB28.47

Date of Disbursement

Mailing Address 77 MOUNTAIN AVE

<sup>M</sup> 0	<sup>M</sup> 2	/	<sup>D</sup> 2	<sup>D</sup> 9	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 8
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City LARCHMONT State NY Zip Code 10538

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000

Category/  
Type

2300.00
---------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)  
MARGARET CREMINS

**Transaction ID:** SB28.96

Date of Disbursement

Mailing Address 77 MOUNTAIN AVE

<sup>M</sup> 0	<sup>M</sup> 2	/	<sup>D</sup> 2	<sup>D</sup> 9	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 8
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City LARCHMONT State NY Zip Code 10538

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000

Category/  
Type

2300.00
---------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

6900.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) CHIP CRUNK	Transaction ID: SB28.45
	Mailing Address 1225 BEECH HILL RD	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City BRENTWOOD State TN Zip Code 37027	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JEFFREY A DAVIDSON	Transaction ID: SB28.73
	Mailing Address 272 S WOODMONT DR	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City DOWNINGTOWN State PA Zip Code 19335	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) RICHARD A DEAN	Transaction ID: SB28.107
	Mailing Address 13631 IBBETSON	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City BELLFLOWER State CA Zip Code 90706	Amount of Each Disbursement this Period 1300.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>CAROLE DOWD</b>	<b>Transaction ID: SB28.40</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 1529 CROWELL RD		
	City VIENNA State VA Zip Code 22182	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>JOHN M DOWD</b>	<b>Transaction ID: SB28.77</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 1529 CROWELL RD		
	City VIENNA State VA Zip Code 22182	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>STEPHEN E DYER</b>	<b>Transaction ID: SB28.116</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 15871 DUQUESNE CIRCLE		
	City BRIGHTON State CO Zip Code 80603	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5100.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) EDMUND WILLIAM EVANS	Transaction ID: SB28.50 Date of Disbursement 02 / 29 / 2008
	Mailing Address 16186 KELLOGG RD	Amount of Each Disbursement this Period 200.00
	City BOWLING GREEN State OH Zip Code 43402	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WILDA D FARBER	Transaction ID: SB28.126 Date of Disbursement 02 / 29 / 2008
	Mailing Address 200 DOMINICAN DR APT 1308	Amount of Each Disbursement this Period 200.00
	City MADISON State MS Zip Code 39110	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NIJAD I FARES	Transaction ID: SB28.103 Date of Disbursement 02 / 29 / 2008
	Mailing Address PO BOX 130688	Amount of Each Disbursement this Period 2300.00
	City HOUSTON State TX Zip Code 77219	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2700.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>ZENIA FARES</b>  Mailing Address <b>PO BOX 130688</b>  City <b>HOUSTON</b> State <b>TX</b> Zip Code <b>77219</b> Purpose of Disbursement <b>CONTRIBUTION REFUND</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: <b>SB28.133</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 2 / 2 9 / 2 0 0 8</b>  Amount of Each Disbursement this Period _____ <b>2300.00</b> Category/Type <b>000</b>
B.	Full Name (Last, First, Middle Initial) <b>CANDY C FAZAKERLEY</b>  Mailing Address <b>P.O. BOX 2070</b>  City <b>MIDDLEBURG</b> State <b>VA</b> Zip Code <b>20118</b> Purpose of Disbursement <b>CONTRIBUTION REFUND</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: <b>SB28.9</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 2 / 1 4 / 2 0 0 8</b>  Amount of Each Disbursement this Period _____ <b>1350.00</b> Category/Type <b>000</b>
C.	Full Name (Last, First, Middle Initial) <b>PATRICK D FITZGERALD</b>  Mailing Address <b>1718 WESTEND PL</b>  City <b>ROUND ROCK</b> State <b>TX</b> Zip Code <b>78681</b> Purpose of Disbursement <b>CONTRIBUTION REFUND</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: <b>SB28.104</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 2 / 2 9 / 2 0 0 8</b>  Amount of Each Disbursement this Period _____ <b>2300.00</b> Category/Type <b>000</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5950.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>MAX L FULLER</b>	<b>Transaction ID: SB28.20</b>
	Mailing Address <b>8569 BALATA DR</b>	Date of Disbursement MM / DD / YYYY <b>02 / 14 / 2008</b>
	City <b>OOLTEWAH</b> State <b>TN</b> Zip Code <b>37363</b>	Amount of Each Disbursement this Period <b>2300.00</b>
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>JAMES E GABLE</b>	<b>Transaction ID: SB28.70</b>
	Mailing Address <b>PO BOX 390</b>	Date of Disbursement MM / DD / YYYY <b>02 / 29 / 2008</b>
	City <b>CHATHAM</b> State <b>MA</b> Zip Code <b>02633</b>	Amount of Each Disbursement this Period <b>1700.00</b>
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>THOMAS F GARRETT</b>	<b>Transaction ID: SB28.122</b>
	Mailing Address <b>1617 KINCAID RD</b>	Date of Disbursement MM / DD / YYYY <b>02 / 29 / 2008</b>
	City <b>LEWISBURG</b> State <b>TN</b> Zip Code <b>37091</b>	Amount of Each Disbursement this Period <b>129.00</b>
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**4129.00**

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



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>JODIE GRAY</b>	<b>Transaction ID: SB28.16</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8	
	Mailing Address <b>802 GREENWICH WDS DR</b>		
	City <b>MCLEAN</b> State <b>VA</b> Zip Code <b>22102</b>	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	000	Category/ Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>KENNETH V HANDAL</b>	<b>Transaction ID: SB28.87</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
	Mailing Address <b>1075 PARK AVE APT 3B</b>		
	City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10128</b>	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	000	Category/ Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>LARRY L HARSEY</b>	<b>Transaction ID: SB28.5</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8	
	Mailing Address <b>280 HIGHWAY 1 S</b>		
	City <b>CHERAW</b> State <b>SC</b> Zip Code <b>29520</b>	Amount of Each Disbursement this Period	100.00
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	000	Category/ Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4700.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
GLENN A L HEAVIN

Transaction ID: SB28.61  
Date of Disbursement

Mailing Address PO BOX 708

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City INGRAM State TX Zip Code 28025

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000  
Category/  
Type

2300.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
H GARY HEAVIN

Transaction ID: SB28.64  
Date of Disbursement

Mailing Address 875 CR 324

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City GATESVILLE State TX Zip Code 76528

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000  
Category/  
Type

2300.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
LISA C HENKEL

Transaction ID: SB28.6  
Date of Disbursement

Mailing Address 2412 MARSHALL CT

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	0	8

City NAPERVILLE State IL Zip Code 60565

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000  
Category/  
Type

2300.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

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

6900.00
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 291 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MICHAEL HENKEL</b>	<b>Transaction ID: SB28.100</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 2412 MARSHALL CT		
	City NAPERVILLE State IL Zip Code 60565	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement CONTRIBUTION REFUND	000	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MICHEL HOLLOWAY</b>	<b>Transaction ID: SB28.101</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 1937 W PALMETTO ST		
	City FLORENCE State SC Zip Code 29501	Amount of Each Disbursement this Period	100.00
	Purpose of Disbursement CONTRIBUTION REFUND	000	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>NATHAN HOWARD</b>	<b>Transaction ID: SB28.102</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 9191 GARLAND RD APT 817		
	City DALLAS State TX Zip Code 75218	Amount of Each Disbursement this Period	50.00
	Purpose of Disbursement CONTRIBUTION REFUND	000	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2450.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 292 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>WALTER R HOWELL, III</b>	<b>Transaction ID: SB28.125</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 415 TIMBER BRANCH PKWY		
	City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>WILLIAM F JENKINS</b>	<b>Transaction ID: SB28.26</b> Date of Disbursement 02 / 14 / 2008	
	Mailing Address 954 WILKENSON RD NE		
	City CLEVELAND State TN Zip Code 37323	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>BRIAN JAY JENSEN</b>	<b>Transaction ID: SB28.37</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 239 BOB WHITE TR		
	City SEVIERVILLE State TN Zip Code 37876	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

3300.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 293 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>TIMOTHY KNIGHT</b>	<b>Transaction ID: SB28.25</b>
	Mailing Address 1059 BLACK RUSH CIR	Date of Disbursement MM / DD / YYYY 02 / 14 / 2008
	City MT PLEASANT State SC Zip Code 29466	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION REFUND	000 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>ROBERT KOWALSKI</b>	<b>Transaction ID: SB28.30</b>
	Mailing Address 45573 N TERRITORIAL	Date of Disbursement MM / DD / YYYY 02 / 21 / 2008
	City PLYMOUTH State MI Zip Code 48170	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement CONTRIBUTION REFUND	000 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>LEIGHTA M LAITINEN</b>	<b>Transaction ID: SB28.89</b>
	Mailing Address 811 FOREST AVE	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City JOHNSON CITY State TN Zip Code 37601	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement CONTRIBUTION REFUND	000 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

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

**5100.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
H D LAMBERT

Transaction ID: SB28.63

Date of Disbursement

Mailing Address 1211 S HERITAGE DR

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City MARYVILLE State TN Zip Code 37803

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

2300.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
FRANK F LAWRENCE

Transaction ID: SB28.54

Date of Disbursement

Mailing Address 40 ALGIE NEELY RD

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City JACKSON State TN Zip Code 38301

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

2300.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
LOIS A LEAVENGOOD

Transaction ID: SB28.93

Date of Disbursement

Mailing Address 2690 FOXGLOVE LOOP SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City ALBANY State OR Zip Code 97322

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

100.00
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

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

4700.00
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b> Full Name (Last, First, Middle Initial) BYRON LEFLORE, JR <hr/> Mailing Address 117 CRESCENT <hr/> City SAN ANTONIO State TX Zip Code 78209 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.38 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type 000
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FRANCIS P LEHAR <hr/> Mailing Address PO BOX 1482 <hr/> City MANCHESTER State MA Zip Code 01944 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.53 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type 000
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DAVID W LEVINSON <hr/> Mailing Address 11 E 69TH ST <hr/> City NEW YORK State NY Zip Code 10021 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.48 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type 000
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4700.00

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

**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.	Full Name (Last, First, Middle Initial) <b>WILLIAM LINK</b>	<b>Transaction ID: SB28.129</b> Date of Disbursement
	Mailing Address 5953 SEDBERRY RD	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City NASHVILLE State TN Zip Code 37205	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="150.00"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>HOWARD M LORBER</b>	<b>Transaction ID: SB28.67</b> Date of Disbursement
	Mailing Address 70 E SUNRISE HWY STE 411	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City VALLEY STREAM State NY Zip Code 11581	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="700.00"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>THEA LORBER</b>	<b>Transaction ID: SB28.121</b> Date of Disbursement
	Mailing Address 439 HALSEY NECK LN	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City SOUTHAMPTON State NY Zip Code 11968	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="700.00"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1550.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.	Full Name (Last, First, Middle Initial) <b>JOSEPH G LUBECK</b>	<b>Transaction ID: SB28.79</b> Date of Disbursement
	Mailing Address <b>825 PARKWAY ST</b>	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City <b>JUPITER</b> State <b>FL</b> Zip Code <b>33477</b>	Amount of Each Disbursement this Period
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="000"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>GRANT H LYNN</b>	<b>Transaction ID: SB28.3</b> Date of Disbursement
	Mailing Address <b>3201 SKYCREST CIR</b>	<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City <b>SALT LAKE CITY</b> State <b>UT</b> Zip Code <b>84108</b>	Amount of Each Disbursement this Period
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<input type="text" value="450.00"/>
	Candidate Name	<input type="text" value="000"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>BRIAN H MADDEN</b>	<b>Transaction ID: SB28.36</b> Date of Disbursement
	Mailing Address <b>97 SHARON LN</b>	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City <b>GREENLAWN</b> State <b>NY</b> Zip Code <b>11740</b>	Amount of Each Disbursement this Period
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<input type="text" value="2300.00"/>
	Candidate Name	<input type="text" value="000"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 298 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
LESLIE EUGENE MCCLELLAND

**Transaction ID:** SB28.90

Date of Disbursement

Mailing Address 6150 MARIETTA RD

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City LANCASTER State OH Zip Code 43130

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

2029.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT MCGANN

**Transaction ID:** SB28.111

Date of Disbursement

Mailing Address 606 RILEY TRAIL

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City CEDAR PARK State TX Zip Code 78613

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

500.00
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

**C.**

Full Name (Last, First, Middle Initial)  
PHILLIP MEDLEY

**Transaction ID:** SB23.140

Date of Disbursement

Mailing Address 1135 BANTAS ROK RD

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	0	8

City PLEASUREVILLE State KY Zip Code 40057

Amount of Each Disbursement this Period

Purpose of Disbursement  
VOID CHECK

000
Category/ Type

-200.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

2329.00
---------

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 299 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.	Full Name (Last, First, Middle Initial) DOM MEFFE	Transaction ID: SB28.49 Date of Disbursement
	Mailing Address 6010 BLAKEFORD DR	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City WINDERMERE State FL Zip Code 34786	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	<input type="text" value="2300.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CURTIS E MEIER	Transaction ID: SB28.11 Date of Disbursement
	Mailing Address 4721 ROAD 18	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City LAGRANGE State WY Zip Code 82221	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	<input type="text" value="100.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KELLY A MELIUS	Transaction ID: SB28.84 Date of Disbursement
	Mailing Address 2 WHITEWOOD CT	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City HUNTINGTON State NY Zip Code 11743	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	<input type="text" value="2300.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>JANE KAY MILLER</b>	<b>Transaction ID: SB28.72</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 12275 N OGDEN POINT RD #112		
	City SYRACUSE State IN Zip Code 46567	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>RIP MILLER</b>	<b>Transaction ID: SB28.109</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 3600 BALCONES DR		
	City AUSTIN State TX Zip Code 78731	Amount of Each Disbursement this Period	1800.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>V RICHARD MILLER</b>	<b>Transaction ID: SB28.124</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 12275 N OGDEN POINT RD #112		
	City SYRACUSE State IN Zip Code 46567	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

## SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.	Full Name (Last, First, Middle Initial) ROBERT C MIMMS	<b>Transaction ID:</b> SB28.110 Date of Disbursement
	Mailing Address 780 OLD ROSWELL PL STE 100	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City ROSWELL State GA Zip Code 30076	Amount of Each Disbursement this Period <input type="text" value="2300.00"/>
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	<input type="text" value="000"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JOHN T MOORE	<b>Transaction ID:</b> SB28.78 Date of Disbursement
	Mailing Address 7 OLD FIELD RD	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City STEAUKET State NY Zip Code 11733	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	<input type="text" value="000"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JOHN A MULHALL	<b>Transaction ID:</b> SB28.4 Date of Disbursement
	Mailing Address 7 EVERGREEN LN	<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City CAZENOVIA State NY Zip Code 13035	Amount of Each Disbursement this Period <input type="text" value="100.00"/>
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	<input type="text" value="000"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)  
CHARLES E MUNCATCHY

Transaction ID: SB28.43

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

Mailing Address 1445 SE 21ST LN

Amount of Each Disbursement this Period

20.00
-------

City State Zip Code  
CAPE CORAL FL 33990

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
FRANCIS P MURPHY

Transaction ID: SB28.27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	8

Mailing Address 2720 GREEN TEE DR

Amount of Each Disbursement this Period

2300.00
---------

City State Zip Code  
PEARLAND TX 77581

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
ROBERT NAEGELE, JR

Transaction ID: SB28.23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

Mailing Address 7993 VIA VECCHIA

Amount of Each Disbursement this Period

200.00
--------

City State Zip Code  
NAPLES FL 34108

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional) .....

2520.00
---------

TOTAL This Period (last page this line number only) .....

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**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.	Full Name (Last, First, Middle Initial) RICHARD T NASTI	Transaction ID: SB28.108 Date of Disbursement 02 / 29 / 2008
	Mailing Address 42 WOODLAWN AVE	Amount of Each Disbursement this Period 2300.00
	City NEW ROCHELLE State NY Zip Code 10604	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CARL ANTHONY NEFF	Transaction ID: SB28.1 Date of Disbursement 02 / 01 / 2008
	Mailing Address 8187 STATE RTE 43	Amount of Each Disbursement this Period 200.00
	City STREETSBORO State OH Zip Code 44241	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROBERT PASCUCCI	Transaction ID: SB28.112 Date of Disbursement 02 / 29 / 2008
	Mailing Address 277 NORTHERN BLVD	Amount of Each Disbursement this Period 2300.00
	City GREAT NECK State NY Zip Code 11021	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4800.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 304 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.	Full Name (Last, First, Middle Initial) <b>JOSEPH H PILLER</b>	<b>Transaction ID: SB28.80</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 3801 FM 1829		
	City GATESVILLE State TX Zip Code 76528	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>LESLIE P POPE</b>	<b>Transaction ID: SB28.91</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address PO BOX 5709		
	City JOHNSON CITY State TN Zip Code 37560	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>FRED A POTTER</b>	<b>Transaction ID: SB28.56</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address PO BOX 538		
	City ROAN MOUNTAIN State TN Zip Code 37687	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6900.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 305 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MICHAEL F PUNTILLO, SR</b>	<b>Transaction ID: SB28.99</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 277 NORTHERN BLVD		
	City GREAT NECK State NY Zip Code 11021	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement CONTRIBUTION REFUND	000	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRANK RAVIOLA</b>	<b>Transaction ID: SB28.55</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 861 FREDERICK COMMONS		
	City SAN JOSE State CA Zip Code 95126	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement CONTRIBUTION REFUND	000	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CHARLES H RENFROE</b>	<b>Transaction ID: SB28.44</b> Date of Disbursement 02 / 29 / 2008	
	Mailing Address 9 OLD PACES PLACE NW		
	City ATLANTA State GA Zip Code 30327	Amount of Each Disbursement this Period	200.00
	Purpose of Disbursement CONTRIBUTION REFUND	000	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)  
DONNA M RIDLEY-STARKEY

Transaction ID: SB28.12  
Date of Disbursement

Mailing Address 1099 OTTER CIR

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

City BEAUFORT State SC Zip Code 29902

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

50.00
-------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
WILLIAM RITCHIE

Transaction ID: SB28.130  
Date of Disbursement

Mailing Address 5302 BROOKEWAY DR

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City BETHESDA State MD Zip Code 20816

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

950.00
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
KENNETH M ROBINETTE, JR

Transaction ID: SB28.86  
Date of Disbursement

Mailing Address 3056 HIGHWAY 81 S

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City JONESBOROUGH State TN Zip Code 37659

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

2300.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional) .....

3300.00
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TOTAL This Period (last page this line number only) .....

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**SCHEDULE B (FEC Form 3P)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 307 / 321

<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26	<input type="checkbox"/>	27a
<input type="checkbox"/>	27b	<input checked="" type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29

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 NAME OF COMMITTEE (In Full)  
 Friends of Fred Thompson, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) <b>WINSTON ROBINSON</b>	Transaction ID: SB28.132 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	9	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y												
0	2	/	2	9	/	2	0	0	8													
Mailing Address 4 LIS CT  City SAYREVILLE      State NJ      Zip Code 08872 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House      Disbursement For: 2008 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State:      District:	Amount of Each Disbursement this Period <table border="1"> <tr><td>100.00</td></tr> </table> <table border="1"> <tr><td>000</td></tr> </table> Category/ Type	100.00	000																			
100.00																						
000																						
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JAMES H ROWE, III</b>	Transaction ID: SB28.15 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	4	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y												
0	2	/	1	4	/	2	0	0	8													
Mailing Address 3915 49TH ST NW  City WASHINGTON      State DC      Zip Code 20016 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House      Disbursement For: 2008 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State:      District:	Amount of Each Disbursement this Period <table border="1"> <tr><td>1300.00</td></tr> </table> <table border="1"> <tr><td>000</td></tr> </table> Category/ Type	1300.00	000																			
1300.00																						
000																						
<b>C.</b> Full Name (Last, First, Middle Initial) <b>EMERSON EDWARD RUSSELL, JR</b>	Transaction ID: SB28.51 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	9	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y												
0	2	/	2	9	/	2	0	0	8													
Mailing Address 574 MILLER RD  City SIGNAL MOUNTAIN      State TN      Zip Code 37377 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House      Disbursement For: 2008 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State:      District:	Amount of Each Disbursement this Period <table border="1"> <tr><td>1900.00</td></tr> </table> <table border="1"> <tr><td>000</td></tr> </table> Category/ Type	1900.00	000																			
1900.00																						
000																						

SUBTOTAL of Disbursements This Page (optional) .....

3300.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.	Full Name (Last, First, Middle Initial) <b>GINGER SAMPLES</b>	<b>Transaction ID: SB28.60</b>
	Mailing Address 1551 UPPER E VALLEY RD	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City PIKEVILLE State TN Zip Code 37367	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>BARRY F SCHWARTZ</b>	<b>Transaction ID: SB28.33</b>
	Mailing Address 35 E 62ND ST	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City NEW YORK State NY Zip Code 10065	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>PETER SHERMAN</b>	<b>Transaction ID: SB28.105</b>
	Mailing Address 4038 COURTSIRE DR	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City DALLAS State TX Zip Code 75229	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 309 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.	Full Name (Last, First, Middle Initial) <b>BILLIE E SHIELDS</b>	<b>Transaction ID: SB28.35</b> Date of Disbursement
	Mailing Address 1222 OAK MEADOW BLVD	<input type="text" value="02"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City JONESBORO State AR Zip Code 72401	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="650.00"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>LYN SILKE</b>	<b>Transaction ID: SB28.7</b> Date of Disbursement
	Mailing Address 956 HILLCREST DR	<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City CAMBRIA State CA Zip Code 93428	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="400.00"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>THOMAS W SMITH</b>	<b>Transaction ID: SB28.31</b> Date of Disbursement
	Mailing Address 5250 VIRGINIA WAY STE 100	<input type="text" value="02"/> <input type="text" value="21"/> / <input type="text" value="2008"/>
	City BRENTWOOD State TN Zip Code 37027	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="2300.00"/>
	Candidate Name	<input type="text" value="000"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3350.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>MARVIN STOKLEY</b></p> <p>Mailing Address 455 POINTE VISTA DR</p> <p>City ELIZABETH CITY State NC Zip Code 27909</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB28.98</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p><input type="text" value="000"/> Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>BENJAMIN JENNINGS STONE, III</b></p> <p>Mailing Address 10207 E HUNTER VALLEY RD</p> <p>City VIENNA State VA Zip Code 22181</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB28.34</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p><input type="text" value="000"/> Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>STUART SUBOTNICK</b></p> <p>Mailing Address 425 E 58TH ST #47H</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB28.117</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p><input type="text" value="000"/> Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4900.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 311 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)  
JUANITA W SUMMERS

Transaction ID: SB28.81  
Date of Disbursement

Mailing Address PO BOX 1628

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City ELIZABETHTON State TN Zip Code 37644

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

2300.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
ROBERT T SUMMERS

Transaction ID: SB28.113  
Date of Disbursement

Mailing Address PO BOX 1628

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City ELIZABETHTON State TN Zip Code 37644

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

2300.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
GARY A TAYLOR

Transaction ID: SB28.58  
Date of Disbursement

Mailing Address 85A STONEBROOK PL

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City JACKSON State TN Zip Code 38305

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

2300.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional) .....

6900.00
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 312 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)  
JUDITH TAYLOR

Transaction ID: SB28.82  
Date of Disbursement

Mailing Address 485 HARBORSIDE ST #100

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City State Zip Code  
WOODBIDGE VA 22191

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

300.00
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
LISA H TAYLOR

Transaction ID: SB28.92  
Date of Disbursement

Mailing Address 85A STONEBROOK PL

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City State Zip Code  
JACKSON TN 38305

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

2300.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
JEWEL L THOMAS

Transaction ID: SB28.74  
Date of Disbursement

Mailing Address 3396 335TH ST LOT 113

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City State Zip Code  
NEOLA IA 51559

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000
Category/ Type

135.00
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

2735.00
---------

TOTAL This Period (last page this line number only) .....

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**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DAN C TUTCHER</b>	<b>Transaction ID: SB28.46</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
	Mailing Address <b>ONE SHADDER WAY</b>		Amount of Each Disbursement this Period <b>2300.00</b>
	City <b>HOUSTON</b> State <b>TX</b> Zip Code <b>77019</b>		
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<b>000</b>	Category/ Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>KIM TUTCHER</b>	<b>Transaction ID: SB28.88</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
	Mailing Address <b>ONE SHADDER WAY</b>		Amount of Each Disbursement this Period <b>2300.00</b>
	City <b>HOUSTON</b> State <b>TX</b> Zip Code <b>77019</b>		
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<b>000</b>	Category/ Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>JULIE VANDERMOST</b>	<b>Transaction ID: SB28.83</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
	Mailing Address <b>27312 CALLE ARROYO</b>		Amount of Each Disbursement this Period <b>1700.00</b>
	City <b>SAN JACINTO</b> State <b>CA</b> Zip Code <b>92675</b>		
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<b>000</b>	Category/ Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.	Full Name (Last, First, Middle Initial) <b>CARROLL R WALKER</b>	<b>Transaction ID: SB28.10</b>
	Mailing Address <b>102 RUE MARSEILLE</b>	Date of Disbursement MM / DD / YYYY <b>02 / 14 / 2008</b>
	City <b>DAYTON</b> State <b>OH</b> Zip Code <b>45429</b>	Amount of Each Disbursement this Period <b>3300.00</b>
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>HUGH WALL</b>	<b>Transaction ID: SB28.68</b>
	Mailing Address <b>3112 COTTRELL DR</b>	Date of Disbursement MM / DD / YYYY <b>02 / 29 / 2008</b>
	City <b>FLOWER MOUND</b> State <b>TX</b> Zip Code <b>75022</b>	Amount of Each Disbursement this Period <b>2300.00</b>
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>SALLY WALLACE</b>	<b>Transaction ID: SB28.114</b>
	Mailing Address <b>981 TURKEY CREEK LN</b>	Date of Disbursement MM / DD / YYYY <b>02 / 29 / 2008</b>
	City <b>BEECH BLUFF</b> State <b>TN</b> Zip Code <b>38313</b>	Amount of Each Disbursement this Period <b>2300.00</b>
	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	<b>000</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) ANNE B WALSH Mailing Address 2 GLEN CREEK LN City ST LOUIS State MO Zip Code 63124 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.32 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type 000
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) THOMAS M WALSH Mailing Address 2 GLEN CREEK LN City ST LOUIS State MO Zip Code 63124 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.123 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type 000
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) JANE COMBS WARNOCK Mailing Address 309 MIDVALE TER City SEBASTIAN State FL Zip Code 32958 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.71 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 460.00
	Category/ Type 000
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5060.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 316 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)  
GEORGE J WERNETTE

Transaction ID: SB28.59  
Date of Disbursement

Mailing Address 1039 MOUNTAIN AIR CT

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City RENO State NV Zip Code 89511

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000

2300.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
JOSEPH WIESELBERG

Transaction ID: SB28.17  
Date of Disbursement

Mailing Address 16970 SW 90 AVE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

City MIAMI State FL Zip Code 33157

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000

2300.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
C HOWARD WILKINS, JR

Transaction ID: SB28.39  
Date of Disbursement

Mailing Address 3030 K ST NW

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City WASHINGTON State DC Zip Code 20007

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION REFUND

000

700.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

5300.00

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) MARK A ZIUS</p> <p>Mailing Address PO BOX 2306</p> <p>City CLEVELAND State TN Zip Code 37320</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB28.19</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p>000 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS</p> <p>Mailing Address 200 N MAIN ST</p> <p>City MONTICELLO State IN Zip Code 47960</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB28.66</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1275.02"/></p> <p>000 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) IN-PLANT SPOT REFINISHING &amp; FINESSE, LLC</p> <p>Mailing Address 11942 LATSON RD</p> <p>City LINDEN State MI Zip Code 48451</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB28.14</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.00"/></p> <p>000 Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3610.02"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 318 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)  
MORGAN BROTHERS

Mailing Address PO BOX 746

City CLARKSVILLE State TN Zip Code 37041

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28.21

Date of Disbursement

02 / 14 / 2008

Amount of Each Disbursement this Period

1700.00

SUBTOTAL of Disbursements This Page (optional) .....

1700.00

TOTAL This Period (last page this line number only) .....

191157.52

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

**A.** Full Name (Last, First, Middle Initial)  
RAY MEIER FOR CONGRESS INC

Mailing Address 8600 ELMER HILL RD

City ROME State NY Zip Code 13440

Purpose of Disbursement  
CONTRIBUTION REFUND

000  
Category/  
Type

Candidate Name  
RAY MEIER

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Transaction ID: SB28.106

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
CECIL STATON FOR STATE SENATE

Mailing Address PO BOX 26427

City MACON State GA Zip Code 31221

Purpose of Disbursement  
CONTRIBUTION REFUND

000  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28.42

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

1300.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF MARK LUTTRELL

Mailing Address 6584 POPLAR AVE STE 200

City MEMPHIS State TN Zip Code 38138

Purpose of Disbursement  
CONTRIBUTION REFUND

000  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28.13

Date of Disbursement

02 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4300.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 320 / 321

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)  
MCDONNELL FOR VIRGINIA

Mailing Address PO BOX 62386

City VIRGINIA BEACH State VA Zip Code 23466

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28.29

Date of Disbursement

02 / 21 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

4800.00



**Image# 28990884557**

Form/Schedule: **SD12**      Incurred Amount adjusted to reflect incorrect billing  
Transaction ID: **SD37**

Form/Schedule: **SD12**      Incurred Amount adjusted to reflect incorrect billing  
Transaction ID: **SD41**

\*\*\*\*\*