

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

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Office use only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines

12FE4M5

Friends of Fred Thompson, Inc.

ADDRESS (number and street)

1130 8th Avenue South

☐

(Check if address
is changed)

Nashville

TN

37203

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

sbrowning@lmwithfred.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.lmwithfred.com

COMMITTEE'S FAX NUMBER

6152508160

2. DATE

MM / DD / YYYY
09 / 06 / 2007

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

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

Type or Print Name of Treasurer

Lin S. Howard

Signature of Treasurer

Lin S. Howard

Date

MM / DD / YYYY
09 / 06 / 2007

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
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Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

27039521449

5. TYPE OF COMMITTEE (Check One)

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

Name of
Candidate

Fred Dalton Thompson

Candidate
Party Affiliation

REP

Office
Sought:☐

House

☐

Senate

☒

President

State

District

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

Name of
Candidate

- (d) ☐ This committee is a (National, State
(or subordinate) committee of the (Democratic,
Republican, etc.) Party.
- (e) ☐ This committee is a separate segregated fund
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

None

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

27039521450

Write or Type Committee Name

Friends of Fred Thompson, Inc.

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

Full Name Joseph A. Woodruff

Mailing Address 511 North Union Street

Nashville **TN** **37219** -

Title or Position ♥	CITY ▲	STATE ▲	ZIP CODE ▲
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Custodian of Records	615	850	8485
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8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer **Lin S. Howard**

Mailing Address 1130 8th Avenue South

Nashville **TN** **37219 -**

Title or Position ♥ **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

Treasurer _____ Telephone number 615 - 250 - 8180

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
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Telephone number _____-_____-_____


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

Name of Bank, Depository, etc.

	Wachovia Bank		
Mailing Address	301 South College Street		
	One Wachovia Center		
	Charlotte	NC	28288 -
	CITY Δ	STATE Δ	ZIP CODE Δ

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

<input checked="checked" type="checkbox"/> Hand Delivered	Date of Receipt 9/7/07
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2005)	9/7/07 DATE PREPARED

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