

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Thompson for Congress

ADDRESS (number and street)

30151 Tomas

Check if different than previously reported. (ACC)

Rancho Sta Margarita

CA

92688

2. FEC IDENTIFICATION NUMBER

C C00514695

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

OR

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2012

through

M M / D D / Y Y Y Y

09 / 30 / 2012

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

Type or Print Name of Treasurer Betty Presley

Signature of Treasurer Betty Presley

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 04 / 2012

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 21

Write or Type Committee Name  
**Thompson for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	12628.24	20632.36
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	12628.24	20632.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	9551.97	17023.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9551.97	17023.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3612.90	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	3936.31	

### For further information contact:

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Thompson for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9900.00	16300.00
(ii) Unitemized.....	2718.24	4222.36
(iii) TOTAL of contributions from individuals ▶	12618.24	20522.36
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	10.00	110.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12628.24	20632.36
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	4.24
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	12628.24	20636.60

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9551.97	17023.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	9551.97	17023.70

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	536.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12628.24
25. SUBTOTAL (add Line 23 and Line 24).....	13164.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9551.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3612.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 3393 Acorn Ln S

City Salem State OR Zip Code 97302

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

Name of Employer Dover Management Inc Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2012

**Transaction ID : INCA274**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Larry E. Tokarski**

Mailing Address 201 Ferry St SE, #400

City Salem State OR Zip Code 97301

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

Name of Employer Mountain West Investment Corp Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2012

**Transaction ID : INCA273**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

Mailing Address 10115 Parrish Gap Rd

City Turner State OR Zip Code 97392

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

Name of Employer Diane E. Fritz, CPA Occupation CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2012

**Transaction ID : INCA276**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

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

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

\_\_\_\_\_ 1300.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Diana Powers Evans**

Mailing Address 1910 Madrona Ave S

City Salem State OR Zip Code 97302

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : INCA279**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**David Campbell**

Mailing Address 38342 S Sawtell Rd

City Molalla State OR Zip Code 97038

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2012

**Transaction ID : INCA294**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 10115 Parrish Gap Rd

City Turner State OR Zip Code 97392

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

Name of Employer Diane E. Fritz, CPA Occupation CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2012

**Transaction ID : INCA293**

Amount of Each Receipt this Period  
50.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Grant Newton**

Mailing Address 4766 Andrews Rd

City Medford State OR Zip Code 97541

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

Name of Employer AIRA Occupation Executive Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 01 / 2012

**Transaction ID : INCA312**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Carl Sanders**

Mailing Address 5494 Salal St SE

City Salem State OR Zip Code 97306

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

Name of Employer JER Senior Living Occupation Director of Development

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : INCA314**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 5494 Salal St

City Salem State OR Zip Code 97306

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

Name of Employer None Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : INCA315**

Amount of Each Receipt this Period  
 2500.00

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**William Rose**

Mailing Address 584 Dune Oaks

City State Zip Code  
Georgetown SC 29440

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

Name of Employer Occupation  
None Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : INCA330**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Vickey Jurgens**

Mailing Address 12455 NW Skyline Blvd

City State Zip Code  
Portland OR 97231

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

Name of Employer Occupation  
None Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2012

**Transaction ID : INCA352**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 840 Sahalee Ct SE

City State Zip Code  
Salem OR 97306

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

Name of Employer Occupation  
None Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2012

**Transaction ID : INCA355**

Amount of Each Receipt this Period  
200.00

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

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

700.00

9900.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Fred Thompson**

Mailing Address 4554 12th Avenue South

City Salem State OR Zip Code 97302

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

Name of Employer New York Life Insurance Co Occupation Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2646.31

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : PAYA338**

Amount of Each Receipt this Period  
100.00

Buttons  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Fred Thompson**

Mailing Address 4554 12th Avenue South

City Salem State OR Zip Code 97302

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

Name of Employer New York Life Insurance Co Occupation Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2646.31

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : PAYA288**

Amount of Each Receipt this Period  
1847.06

Yard Signs  
**[MEMO ITEM]**

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

Mailing Address 4554 12th Avenue South

City Salem State OR Zip Code 97302

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

Name of Employer New York Life Insurance Co Occupation Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2646.31

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2012

**Transaction ID : INCA284**

Amount of Each Receipt this Period  
10.00

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

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

10.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Fred Thompson**

Mailing Address 4554 12th Avenue South

City Salem State OR Zip Code 97302

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

Name of Employer New York Life Insurance Co Occupation Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2646.31**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2012**

**Transaction ID : PAYA299**

Amount of Each Receipt this Period  
**8.30**

Printing Costs  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Fred Thompson**

Mailing Address 4554 12th Avenue South

City Salem State OR Zip Code 97302

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

Name of Employer New York Life Insurance Co Occupation Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2646.31**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 11 / 2012**

**Transaction ID : PAYA342**

Amount of Each Receipt this Period  
**185.00**

Print Ad  
**[MEMO ITEM]**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**0.00**

**10.00**

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

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

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

**A. Voter Connections**

Full Name (Last, First, Middle Initial)  
Mailing Address 2131 Capitol Ave, #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 12 / 2012

Amount of Each Disbursement this Period: 2.95

Transaction ID : EXPB269

Category/Type: 001

**B. 3AM Communications**

Full Name (Last, First, Middle Initial)  
Mailing Address 1821 Concord Ave

City Stockton State CA Zip Code 95204

Purpose of Disbursement  
Website Costs

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 16 / 2012

Amount of Each Disbursement this Period: 750.00

Transaction ID : EXPB270

Category/Type: 001

**c. Bank of America**

Full Name (Last, First, Middle Initial)  
Mailing Address 31531 Santa Margarita Pkwy

City RnchoStaMargarita State CA Zip Code 92688

Purpose of Disbursement  
Check Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 19 / 2012

Amount of Each Disbursement this Period: 24.00

Transaction ID : EXPB292

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 776.95

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 31531 Santa Margarita Pkwy		Amount of Each Disbursement this Period 29.95 <b>Transaction ID : EXPB291</b>
City RnchoStaMargarita	State CA	
Zip Code 92688	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Betty Presley &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 31051 Tomas		Amount of Each Disbursement this Period 1400.00 <b>Transaction ID : EXPB280</b>
City RachStaMargarita	State CA	
Zip Code 92688	Purpose of Disbursement Financial Analyst	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Fred Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 4554 12th Avenue South		Amount of Each Disbursement this Period 90.00 <b>Transaction ID : EXPB282</b>
City Salem	State OR	
Zip Code 97302	Purpose of Disbursement Banner Costs	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1519.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

**A. Voter Connections**

Full Name (Last, First, Middle Initial)  
Mailing Address 2131 Capitol Ave, #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 09 / 2012

Amount of Each Disbursement this Period: 20.50

Transaction ID : EXPB297

Category/Type: 001

**B. PageWorks Graphic Design**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5984

City Salem State OR Zip Code 97304

Purpose of Disbursement  
Design & Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 22 / 2012

Amount of Each Disbursement this Period: 425.00

Transaction ID : EXPB304

Category/Type: 001

**C. Voter Connections**

Full Name (Last, First, Middle Initial)  
Mailing Address 2131 Capitol Ave, #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 23 / 2012

Amount of Each Disbursement this Period: 4.00

Transaction ID : EXPB307

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 449.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

**A. Voter Connections**

Full Name (Last, First, Middle Initial)  
Mailing Address 2131 Capitol Ave, #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 28 / 2012

Amount of Each Disbursement this Period  
1.20

Transaction ID : EXPB313

Category/Type: 001

**B. Bank of America**

Full Name (Last, First, Middle Initial)  
Mailing Address 31531 Santa Margarita Pkwy

City RnchoStaMargarita State CA Zip Code 92688

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 31 / 2012

Amount of Each Disbursement this Period  
16.00

Transaction ID : EXPB325

Category/Type: 001

**C. Voter Connections**

Full Name (Last, First, Middle Initial)  
Mailing Address 2131 Capitol Ave, #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 06 / 2012

Amount of Each Disbursement this Period  
534.50

Transaction ID : EXPB324

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 551.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

**A. Voter Connections**

Full Name (Last, First, Middle Initial)  
Mailing Address 2131 Capitol Ave, #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 13 / 2012

Amount of Each Disbursement this Period: 7.10

Transaction ID : EXPB339

Category/Type: 001

**B. Betty Presley & Associates, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 31051 Tomas

City RachStaMargarita State CA Zip Code 92688

Purpose of Disbursement  
Financial Analyst

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 17 / 2012

Amount of Each Disbursement this Period: 1400.00

Transaction ID : EXPB337

Category/Type: 001

**C. Betty Presley & Associates, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 31051 Tomas

City RachStaMargarita State CA Zip Code 92688

Purpose of Disbursement  
Financial Analyst

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 17 / 2012

Amount of Each Disbursement this Period: 1400.00

Transaction ID : EXPB335

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 2807.10

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Lynn Howlett Photography</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 2033 25th Street SE			Amount of Each Disbursement this Period 200.00 <b>Transaction ID : EXPB334</b>
City Salem	State OR	Zip Code 97302	
Purpose of Disbursement Photo Services		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. GameDay Media</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2012
Mailing Address PO Box 2269			Amount of Each Disbursement this Period 325.00 <b>Transaction ID : EXPB343</b>
City Lake Oswego	State OR	Zip Code 97035	
Purpose of Disbursement Print Ad		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. 3AM Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012
Mailing Address 1821 Concord Ave			Amount of Each Disbursement this Period 750.00 <b>Transaction ID : EXPB358</b>
City Stockton	State CA	Zip Code 95204	
Purpose of Disbursement Website Costs		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1275.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dane &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012		
Mailing Address 4145 Pequeno Avenue			Amount of Each Disbursement this Period 1500.07		
City Las Vegas	State NV	Zip Code 89120	Transaction ID : EXPB344		
Purpose of Disbursement Polling Costs		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. PageWorks Graphic Design</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012		
Mailing Address PO Box 5984			Amount of Each Disbursement this Period 607.00		
City Salem	State OR	Zip Code 97304	Transaction ID : EXPB345		
Purpose of Disbursement Design & Printing Costs		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Voter Connections</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012		
Mailing Address 2131 Capitol Ave, #306			Amount of Each Disbursement this Period 17.95		
City Sacramento	State CA	Zip Code 95816	Transaction ID : EXPB346		
Purpose of Disbursement Credit Card Processing Fees		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2125.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012
Mailing Address 31531 Santa Margarita Pkwy		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : EXPB365</b>
City RnchoStaMargarita	State CA Zip Code 92688	
Purpose of Disbursement Bank Fee	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Voter Connections</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2012
Mailing Address 2131 Capitol Ave, #306		Amount of Each Disbursement this Period 20.75 <b>Transaction ID : EXPB363</b>
City Sacramento	State CA Zip Code 95816	
Purpose of Disbursement Credit Card Processing Fees	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 31531 Santa Margarita Pkwy		Amount of Each Disbursement this Period 16.00 <b>Transaction ID : EXPB364</b>
City RnchoStaMargarita	State CA Zip Code 92688	
Purpose of Disbursement Bank Fee	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	46.75
<b>TOTAL</b> This Period (last page this line number only).....	9551.97

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Thompson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Betty Presley &amp; Associates, Inc.</b>	Nature of Debt (Purpose): Financial Analyst
Mailing Address 31051 Tomas	
City State Zip Code RachStaMargarita CA 92688	

Outstanding Balance Beginning This Period 1400.00	<b>Transaction ID : PAYD268</b>	
Amount Incurred This Period 0.00	Payment This Period 1400.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Betty Presley &amp; Associates, Inc.</b>	Nature of Debt (Purpose): Financial Analyst
Mailing Address 31051 Tomas	
City State Zip Code RachStaMargarita CA 92688	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD366</b>	
Amount Incurred This Period 1400.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1400.00

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

Outstanding Balance Beginning This Period 395.95	<b>Transaction ID : PAYD262</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 395.95

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1795.95
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 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Thompson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Fred Thompson**

Mailing Address 4554 12th Avenue South

City State Zip Code  
Salem OR 97302

Nature of Debt (Purpose):  
Yard Signs

Outstanding Balance Beginning This Period  **Transaction ID : PAYD288**

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Fred Thompson**

Mailing Address 4554 12th Avenue South

City State Zip Code  
Salem OR 97302

Nature of Debt (Purpose):  
Printing Costs

Outstanding Balance Beginning This Period  **Transaction ID : PAYD299**

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Fred Thompson**

Mailing Address 4554 12th Avenue South

City State Zip Code  
Salem OR 97302

Nature of Debt (Purpose):  
Buttons

Outstanding Balance Beginning This Period  **Transaction ID : PAYD338**

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1955.36"/>
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 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD342	
Amount Incurred This Period 185.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 185.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	185.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	3936.31
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) ▶	3936.31