# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

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

DRAFT FRED THOMPSON 2008

ADDRESS (number and street) P.O. BOX 11647

(Check if address is changed)

KNOXVILLE TN 37919 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

RUNFRED@FRED08.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.FRED08.COM

COMMITTEE'S FAX NUMBER

8653577075

2. DATE M M / D D / Y Y Y Y 03 15 2007

3. FEC IDENTIFICATION NUMBER C

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

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

Type or Print Name of Treasurer DEAN RICE

Signature of Treasurer Date 03 15 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

| Office Use Only | | | | |
|---|---|---|---|---|

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

FEC FORM 1
(Revised 02/2003)

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

Candidate Party Affiliation

Office Sought: House Senate President

State

District

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

Name of Candidate: Fred Thompson (Potential)

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

(e) This committee is a separate segregated fund

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

6. **Name of Any Connected Organization or Affiliated Committee**

None

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

**DRAFT FRED THOMPSON 2008**

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

Full Name: DEAN RICE

Mailing Address: P.O. BOX 11647

KNOXVILLE | TN | 37919

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

CUSTODIAN OF RECORDS

Telephone number 865 - 357 - 7075

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: DEAN RICE

Mailing Address: P.O. BOX 11647

KNOXVILLE | TN | 37919

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number 865 - 357 - 7075

Full Name of Designated Agent

Mailing Address

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

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.

BANK EAST

Mailing Address 607 MARKET STREET

KNOXVILLE | TN | 37902 -

CITY | STATE | ZIP CODE

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.

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| PREPARER | 3/19/07 DATE PREPARED |

(3/2005)

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