

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

<b>1. NAME OF COMMITTEE (in full)</b> Tommy Thompson For President (Tommy 2008)		<b>2. IDENTIFICATION NUMBER</b> C00430827
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported PO Box 320127		
<b>CITY, STATE, and ZIP CODE</b> Alexandria                      VA                                      22320		<b>3. IS THIS REPORT FOR :</b> <input 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 checked="" type="checkbox"/> January 31 Year End Report	Monthly Report Due On: <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 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"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____  <input type="checkbox"/> Thirtieth day report following the General Election on _____ on _____	<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20	<input 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 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											

IS THIS REPORT AN AMENDMENT       YES       NO

<b>5. COVERING PERIOD</b>	<b>FROM</b> 10/01/2007	<b>THROUGH</b> 12/31/2007
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SUMMARY		
6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	.....	579.86
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	.....	63722.21
8. SUBTOTAL (Lines 6 and 7)	.....	64302.07
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	.....	61739.66
10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	.....	2562.41
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)	.....	197912.10
13. EXPENDITURES SUBJECT TO LIMITATION	.....	1209133.61
<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)	.....	1014698.52
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	.....	1209133.61

**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>Rodman P. Hise</b>	Date 01/30/2008
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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.

**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

**Tommy Thompson For President (Tommy 2008)**

Report Covering the Period

From: 10/01/2007

To: 12/31/2007

	Report Covering the Period	
	From: 10/01/2007	To: 12/31/2007
<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 .....	32581.00	976407.31
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	175.18	10174.18
(d) The Candidate .....	0.00	38410.26
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d)) .....	32756.18	1024991.75
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	28500.00	196000.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	28500.00	196000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :		
(a) Operating .....	1768.53	4140.06
(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)) .....	1768.53	4140.06
21. OTHER RECEIPTS (Dividend, Interest, etc.) .....	697.50	997.50
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21) .....	63722.21	1226129.31
<b>II. DISBURSEMENTS</b>		
23. OPERATING EXPENDITURES .....	61739.66	1213273.67
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 .....	0.00	10293.23
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c)) .....	0.00	10293.23
29. OTHER DISBURSEMENTS .....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	61739.66	1223566.90
<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**  
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)  
 (PAGE 3, FEC FORM 3P)

3 / 53

<b>1. NAME OF COMMITTEE (in full)</b> Tommy Thompson For President (Tommy 2008)					
<b>ADDRESS (number and street)</b> PO Box 320127					
<b>CITY, STATE, and ZIP CODE</b> Alexandria VA 22320			<b>2. IDENTIFICATION NUMBER</b> C00430827		

### 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 A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 4 / 53	
	(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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve Bartlett	Date of Receipt MM / DD / YYYY 12 / 28 / 2007
	Mailing Address 1823 Kirby Rd	Amount of Each Receipt this Period 250.00
	City State Zip Code McLean VA 22101	Contribution - Debt Retirement
	FEC ID number of contributing federal political committee.	Transaction ID: SA17A.10397
Name of Employer The Financial Services Roundtable	Occupation President & CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen J. Brubaker	Date of Receipt MM / DD / YYYY 10 / 24 / 2007
	Mailing Address W5850 Carla Ct.	Amount of Each Receipt this Period 100.00
	City State Zip Code Stoddard WI 54658	Contribution - Debt Retirement
	FEC ID number of contributing federal political committee.	Transaction ID: SA17A.10430
Name of Employer Gundersen Clinic	Occupation Physician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John (Jack) Bush	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 11 Oak Park Dr	Amount of Each Receipt this Period 100.00
	City State Zip Code Bettendorf IA 52722	Contribution - Debt Retirement
	FEC ID number of contributing federal political committee.	Transaction ID: SA17A.10462
Name of Employer McCarthy- Bush Corporation	Occupation Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 940.15	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<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 5 / 53
	<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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b>	Full Name (Last, First, Middle Initial) Joe Colonna	Date of Receipt MM / DD / YYYY 12 / 11 / 2007
	Mailing Address 8435 Park Ln	Amount of Each Receipt this Period 2300.00
	City State Zip Code Dallas TX 75220	Contribution - Debt Retirement
	FEC ID number of contributing federal political committee.	Transaction ID: SA17A.10414
	Name of Employer Occupation HM Capital Partners Equity Investor	
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) Louis DeJoy	Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address PO Box 18367	Amount of Each Receipt this Period 2300.00
	City State Zip Code Greensboro NC 27419	Contribution - Debt Retirement
	FEC ID number of contributing federal political committee.	Transaction ID: SA17A.10406
	Name of Employer Occupation New Breed Corporations CEO	
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) Catherine C. Dellin	Date of Receipt MM / DD / YYYY 12 / 06 / 2007
	Mailing Address 550 South Ave	Amount of Each Receipt this Period 2300.00
	City State Zip Code Glencoe IL 60022	Contribution - Debt Retirement
	FEC ID number of contributing federal political committee.	Transaction ID: SA17A.10416
	Name of Employer Occupation Homemaker Homemaker	
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) .....	6900.00
<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 6 / 53
	(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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b> Full Name (Last, First, Middle Initial) Diane Nash Dillon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 7	
Mailing Address 9800 E Bexhill Dr		Amount of Each Receipt this Period 2300.00	
City State Zip Code Kensington MD 20895	FEC ID number of contributing federal political committee.		
Name of Employer US EEOC	Occupation Attorney	Contribution - Debt Retirement	
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: SA17A.10404	

<b>B.</b> Full Name (Last, First, Middle Initial) D.M. Faircloth		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address PO Box 2145 803 Beaman St		Amount of Each Receipt this Period 2300.00	
City State Zip Code Clinton NC 28329	FEC ID number of contributing federal political committee.		
Name of Employer Akin Gump	Occupation Senior Advisor	Contribution - Debt Retirement	
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: SA17A.10423	

<b>C.</b> Full Name (Last, First, Middle Initial) Joseph G. Fogg		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 7	
Mailing Address 4295 Cutlass Ln		Amount of Each Receipt this Period 2000.00	
City State Zip Code Naples FL 34102	FEC ID number of contributing federal political committee.		
Name of Employer J.G. Fogg and Co. Inc.	Occupation Equity Investor	Contribution - Debt Retirement	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	Transaction ID: SA17A.10398	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6600.00
<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 7 / 53
	(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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b>	Full Name (Last, First, Middle Initial) Guy A. Gottschalk	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7
	Mailing Address 412 Daly Ave	Amount of Each Receipt this Period 100.00
	City State Zip Code Wisconsin Rapids WI 54494	Contribution - Debt Retirement
	FEC ID number of contributing federal political committee.	Transaction ID: SA17A.10463
	Name of Employer Occupation Gottschalk Cranberry Inc. Farmer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan H. Griffith	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
	Mailing Address 625 Oakland Terr	Amount of Each Receipt this Period 250.00
	City State Zip Code Alexandria VA 22302	Contribution - Debt Retirement
	FEC ID number of contributing federal political committee.	Transaction ID: SA17A.10446
	Name of Employer Occupation Homemaker Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kirk Grundahl	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
	Mailing Address 5937 Meadowood Dr	Amount of Each Receipt this Period 1000.00
	City State Zip Code Madison WI 53719	Contribution - Debt Retirement
	FEC ID number of contributing federal political committee.	Transaction ID: SA17A.10448
	Name of Employer Occupation Qualtim Inc. President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<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:	PAGE 8 / 53
	(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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy L. Haggerty		Date of Receipt
	Mailing Address 8064 N Beach Dr		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Milwaukee	WI	53217
	FEC ID number of contributing federal political committee.		<input type="text" value=""/>
Name of Employer Michael Best & Friedrich		Occupation Attorney	Contribution - Debt Retirement
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="300.00"/>	
			Transaction ID: SA17A.10454

<b>B.</b>	Full Name (Last, First, Middle Initial) Cinda Cree Hicks		Date of Receipt
	Mailing Address 10000 Hollow Way		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Dallas	TX	75229
	FEC ID number of contributing federal political committee.		<input type="text" value=""/>
Name of Employer Homemaker		Occupation Homemaker	Contribution - Debt Retirement
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"/>	
			Transaction ID: SA17A.10412

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas O. Hicks		Date of Receipt
	Mailing Address 100 Crescent Ct Suite 1200		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Dallas	TX	75201
	FEC ID number of contributing federal political committee.		<input type="text" value=""/>
Name of Employer Hicks Holdings		Occupation Chairman/CEO	Contribution - Debt Retirement
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"/>	
			Transaction ID: SA17A.10410

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

# 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 9 / 53</span>	
	(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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b> Full Name (Last, First, Middle Initial) Norbert J. Johnson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address N603 Blackhawk Bluff Dr		Amount of Each Receipt this Period 100.00	
City State Zip Code Milton WI 53563	Contribution - Debt Retirement		
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.10451	
Name of Employer Retired	Occupation Retired	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 600.00			

<b>B.</b> Full Name (Last, First, Middle Initial) Pamela M Langer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address 2115 W. Glen Oaks Lane		Amount of Each Receipt this Period 150.00	
City State Zip Code Mequon WI 53092	Contribution - Debt Retirement		
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.10441	
Name of Employer Homemaker	Occupation Homemaker	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 400.00			

<b>C.</b> Full Name (Last, First, Middle Initial) George F. Lightbourn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 5900 Winnequah Rd		Amount of Each Receipt this Period 500.00	
City State Zip Code Monona WI 53716	Contribution - Debt Retirement		
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.10450	
Name of Employer WPRI	Occupation Senior Fellow	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<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 10 / 53
	<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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b> Full Name (Last, First, Middle Initial) William M. Norem		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>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	2	/	2	0	0	7													
Mailing Address N6422 Cobb Rd		Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																						
City State Zip Code Elkhorn WI 53121	Contribution - Debt Retirement  <b>Transaction ID:</b> SA17A.10436																					
FEC ID number of contributing federal political committee.																						
Name of Employer Information Requested Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																						

<b>B.</b> Full Name (Last, First, Middle Initial) William Pierce		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>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	1	/	2	0	0	7													
Mailing Address 8190 First Ave		Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																						
City State Zip Code Silver Spring MD 20910	Contribution - Debt Retirement  <b>Transaction ID:</b> SA17A.10461																					
FEC ID number of contributing federal political committee.																						
Name of Employer APCO Worldwide Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation SVP - Public Affairs Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1250.00</td> </tr> </table>	1250.00																			
1250.00																						

<b>C.</b> Full Name (Last, First, Middle Initial) Kathleen M. Proctor		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>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	2	/	2	0	0	7													
Mailing Address 1501 Cass Street		Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00																			
100.00																						
City State Zip Code La Crosse WI 54601	Contribution - Debt Retirement  <b>Transaction ID:</b> SA17A.10438																					
FEC ID number of contributing federal political committee.																						
Name of Employer CenturyTel Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Administrative Assistant Election Cycle-to-Date ▼ <table border="1"> <tr> <td>430.00</td> </tr> </table>	430.00																			
430.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1"> <tr> <td>850.00</td> </tr> </table>	850.00
850.00		
<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 11 / 53
	(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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael R. Reese	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
	Mailing Address 1108 E Overland Road	Amount of Each Receipt this Period 150.00
	City State Zip Code Appleton WI 54911	Contribution - Debt Retirement
	FEC ID number of contributing federal political committee.	Transaction ID: SA17A.10458
	Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard J. Salem	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
	Mailing Address PO Box 3031	Amount of Each Receipt this Period 1000.00
	City State Zip Code Tampa FL 33601	Contribution - Debt Retirement
	FEC ID number of contributing federal political committee.	Transaction ID: SA17A.10428
	Name of Employer Salem Law Group Occupation Attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Smith	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
	Mailing Address 503 W Oakdale Ave	Amount of Each Receipt this Period 2300.00
	City State Zip Code Chicago IL 60657	Contribution - Debt Retirement
	FEC ID number of contributing federal political committee.	Transaction ID: SA17A.10443
	Name of Employer Center For Intl Rehab. Occupation President 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) .....	3450.00
<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 12 / 53
	(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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b>	Full Name (Last, First, Middle Initial) James S. Turley		Date of Receipt
	Mailing Address 12 Carstensen Rd		<input type="text" value="12"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City	State	Zip Code
	Scarsdale	NY	10583
	FEC ID number of contributing federal political committee.		<input type="text" value="2300.00"/>
Name of Employer Ernst & Young		Occupation Chairman/CEO	Contribution - Debt Retirement
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"/>	
Transaction ID: SA17A.10402			

<b>B.</b>	Full Name (Last, First, Middle Initial) Lynne P. Turley		Date of Receipt
	Mailing Address 12 Carstensen Rd		<input type="text" value="12"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City	State	Zip Code
	Scarsdale	NY	10583
	FEC ID number of contributing federal political committee.		<input type="text" value="2300.00"/>
Name of Employer Self Employed		Occupation Education Consultant	Contribution - Debt Retirement
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"/>	
Transaction ID: SA17A.10400			

<b>C.</b>	Full Name (Last, First, Middle Initial) Aldona Z. Wos		Date of Receipt
	Mailing Address 806 Country Club Dr		<input type="text" value="12"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City	State	Zip Code
	Greensboro	NC	27408
	FEC ID number of contributing federal political committee.		<input type="text" value="2300.00"/>
Name of Employer Retired		Occupation Retired	Contribution - Debt Retirement
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"/>	
Transaction ID: SA17A.10408			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="6900.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="32000.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 53	
	(check only one)			
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c
				<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b>	Full Name (Last, First, Middle Initial) FORWARD AMERICA PAC		Date of Receipt		
	Mailing Address PO BOX 1912		M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7		
	City ALEXANDRIA	State VA	Zip Code 22313	Amount of Each Receipt this Period 175.18	
	FEC ID number of contributing federal political committee. C00429985		Contribution - Debt Retirement		
	Name of Employer	Occupation		Transaction ID: SA17C.10426	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1175.18			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	175.18
<b>TOTAL</b> This Period (last page this line number only) .....	175.18

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 53
	(check only one)	
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input checked="" 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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b>	Full Name (Last, First, Middle Initial) Tommy G. Thompson	Date of Receipt MM / DD / YYYY 10 / 04 / 2007
	Mailing Address PO Box 320127	Amount of Each Receipt this Period 10000.00
	City State Zip Code Alexandria VA 22320	
	FEC ID number of contributing federal political committee.	Loan From Personal Funds
	Name of Employer Akin Gump Strauss Hauer Feld	
Occupation Partner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SA19A.10457	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tommy G. Thompson	Date of Receipt MM / DD / YYYY 10 / 12 / 2007
	Mailing Address PO Box 320127	Amount of Each Receipt this Period 10000.00
	City State Zip Code Alexandria VA 22320	
	FEC ID number of contributing federal political committee.	Loan From Personal Funds
	Name of Employer Akin Gump Strauss Hauer Feld	
Occupation Partner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SA19A.10445	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tommy G. Thompson	Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address PO Box 320127	Amount of Each Receipt this Period 2000.00
	City State Zip Code Alexandria VA 22320	
	FEC ID number of contributing federal political committee.	Loan From Personal Funds
	Name of Employer Akin Gump Strauss Hauer Feld	
Occupation Partner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SA19A.10425	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	22000.00
<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 15 / 53</span>
	(check only one)
<input type="checkbox"/> 16 <input checked="" type="checkbox"/> 19a	<input 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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson		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>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	7	/	2	0	0	7														
Mailing Address PO Box 320127		Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>		2000.00																			
2000.00																							
City State Zip Code Alexandria VA 22320	Loan From Personal Funds																						
FEC ID number of contributing federal political committee.		Transaction ID: SA19A.10421																					
Name of Employer Akin Gump Strauss Hauer Feld	Occupation Partner	Election Cycle-to-Date ▼ <table border="1"> <tr> <td>229910.26</td> </tr> </table>		229910.26																			
229910.26																							
Receipt 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) Tommy G. Thompson		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>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	0	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	0	/	2	0	0	7														
Mailing Address PO Box 320127		Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>		2000.00																			
2000.00																							
City State Zip Code Alexandria VA 22320	Loan From Personal funds																						
FEC ID number of contributing federal political committee.		Transaction ID: SA19A.10420																					
Name of Employer Akin Gump Strauss Hauer Feld	Occupation Partner	Election Cycle-to-Date ▼ <table border="1"> <tr> <td>231910.26</td> </tr> </table>		231910.26																			
231910.26																							
Receipt 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) Tommy G. Thompson		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>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	1	/	2	0	0	7														
Mailing Address PO Box 320127		Amount of Each Receipt this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table>		1500.00																			
1500.00																							
City State Zip Code Alexandria VA 22320	Loan From Personal Funds																						
FEC ID number of contributing federal political committee.		Transaction ID: SA19A.10419																					
Name of Employer Akin Gump Strauss Hauer Feld	Occupation Partner	Election Cycle-to-Date ▼ <table border="1"> <tr> <td>233410.26</td> </tr> </table>		233410.26																			
233410.26																							
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1"> <tr> <td>5500.00</td> </tr> </table>	5500.00
5500.00		
<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 16 / 53	
	(check only one)			
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c
				<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b>	Full Name (Last, First, Middle Initial) Tommy G. Thompson		Date of Receipt		
	Mailing Address PO Box 320127		M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 7		
	City Alexandria	State VA	Zip Code 22320	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee.		Loan From Personal Funds		
	Name of Employer Akin Gump Strauss Hauer Feld	Occupation Partner	Transaction ID: SA19A.10418		

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 234410.26
---	---------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	28500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 53
	(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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b>	Full Name (Last, First, Middle Initial) McLeod USA		Date of Receipt
	Mailing Address PO Box 3177		<input type="text" value="11"/> <input type="text" value="11"/> / <input type="text" value="27"/> <input type="text" value="27"/> / <input type="text" value="2007"/> <input type="text" value="2007"/>
	City	State	Zip Code
	Cedar Rapids	IA	52406
	FEC ID number of contributing federal political committee.		<input type="text" value="1113.90"/>
Name of Employer		Occupation	Deposit Return
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="1113.90"/>	
Transaction ID: SA20A.10375			

<b>B.</b>	Full Name (Last, First, Middle Initial) US Postmaster - Alexandria		Date of Receipt
	Mailing Address George Mason Detached Unit		<input type="text" value="11"/> <input type="text" value="19"/> / <input type="text" value="2007"/> <input type="text" value="2007"/>
	City	State	Zip Code
	Alexandria	VA	22320
	FEC ID number of contributing federal political committee.		<input type="text" value="654.63"/>
Name of Employer		Occupation	BRM Postage 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="683.22"/>	
Transaction ID: SA20A.10364			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1768.53"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1768.53"/>

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

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

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NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b>	Full Name (Last, First, Middle Initial) Miller Mechanical Specialties		Date of Receipt																				
	Mailing Address PO Box 1613		<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>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	0		2	3		2	0	0	7													
	City	State	Zip Code																				
Des Moines	IA	50305																					
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 247.50																					
Name of Employer		Occupation	Sale of Office Supplies at Fair Mkt Val.																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 247.50																					
Transaction ID: SA21.10341																							

<b>B.</b>	Full Name (Last, First, Middle Initial) Alyssa Staley		Date of Receipt																				
	Mailing Address 10544 Justin Dr		<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>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	0		2	3		2	0	0	7													
	City	State	Zip Code																				
Urbandale	IA	50322																					
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 450.00																					
Name of Employer		Occupation	Sale of Computer at Fair Mkt Val.																				
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: SA21.10343																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	697.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	697.50

# 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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Clearwing Productions Inc.  Mailing Address 11101 W Mitchell St  City W Allis State WI Zip Code 53214  Purpose of Disbursement Event Expense/Production Costs 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: SB23.10345 Date of Disbursement 10 / 11 / 2007  Amount of Each Disbursement this Period 3273.24
B.	Full Name (Last, First, Middle Initial) Gateway Ventures  Mailing Address PO Box 1998  City Madison State WI Zip Code 53701  Purpose of Disbursement Fundraising Consulting 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: SB23.10367 Date of Disbursement 11 / 05 / 2007  Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Gateway Ventures  Mailing Address PO Box 1998  City Madison State WI Zip Code 53701  Purpose of Disbursement Fundraising Consulting 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: SB23.10371 Date of Disbursement 11 / 21 / 2007  Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5273.24
<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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Gateway Ventures Mailing Address PO Box 1998 City Madison State WI Zip Code 53701 Purpose of Disbursement Fundraising Consulting 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: SB23.10381 Date of Disbursement 12 / 07 / 2007 Amount of Each Disbursement this Period 1500.00 101 Category/Type
B.	Full Name (Last, First, Middle Initial) Gateway Ventures Mailing Address PO Box 1998 City Madison State WI Zip Code 53701 Purpose of Disbursement Fundraising Consulting 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: SB23.10382 Date of Disbursement 12 / 07 / 2007 Amount of Each Disbursement this Period 800.00 101 Category/Type
C.	Full Name (Last, First, Middle Initial) Gateway Ventures Mailing Address PO Box 1998 City Madison State WI Zip Code 53701 Purpose of Disbursement Fundraising Consulting 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: SB23.10391 Date of Disbursement 12 / 31 / 2007 Amount of Each Disbursement this Period 1000.00 101 Category/Type

**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)

<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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Hyvee Food & Drug - W Des Moines Mailing Address 1725 Jordan Creek Pkwy City W Des Moines State IA Zip Code 50266 Purpose of Disbursement Event Expense/Food & Beverage 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: SB23.10346 Date of Disbursement 10 / 11 / 2007	Amount of Each Disbursement this Period 359.52
B.	Full Name (Last, First, Middle Initial) Koch & Hoos LLC Mailing Address 901 N Washington St Ste 102 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Accounting Consulting 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: SB23.10344 Date of Disbursement 10 / 11 / 2007	Amount of Each Disbursement this Period 3623.35
C.	Full Name (Last, First, Middle Initial) Koch & Hoos LLC Mailing Address 901 N Washington St Ste 102 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Accounting Consulting 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: SB23.10349 Date of Disbursement 10 / 12 / 2007	Amount of Each Disbursement this Period 5500.00

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

9482.87

**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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Koch & Hoos LLC	Transaction ID: SB23.10357 Date of Disbursement 10 / 22 / 2007
	Mailing Address 901 N Washington St Ste 102	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Accounting Consulting Candidate Name	101 Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Koch & Hoos LLC	Transaction ID: SB23.10361 Date of Disbursement 10 / 26 / 2007
	Mailing Address 901 N Washington St Ste 102	Amount of Each Disbursement this Period 498.60
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Accounting Consulting Candidate Name	101 Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Koch & Hoos LLC	Transaction ID: SB23.10369 Date of Disbursement 11 / 07 / 2007
	Mailing Address 901 N Washington St Ste 102	Amount of Each Disbursement this Period 1500.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Accounting Consulting Candidate Name	101 Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2998.60
<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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b>	Full Name (Last, First, Middle Initial) Koch & Hoos LLC Mailing Address 901 N Washington St Ste 102 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Accounting Services 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) ▼	<b>Transaction ID:</b> SB23.10373 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7	<b>Amount of Each Disbursement this Period</b> 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Koch & Hoos LLC Mailing Address 901 N Washington St Ste 102 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Accounting Services 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) ▼	<b>Transaction ID:</b> SB23.10383 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 7	<b>Amount of Each Disbursement this Period</b> 1250.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Koch & Hoos LLC Mailing Address 901 N Washington St Ste 102 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Accounting Services 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) ▼	<b>Transaction ID:</b> SB23.10385 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 7	<b>Amount of Each Disbursement this Period</b> 900.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3150.00</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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Koch & Hoos LLC	Transaction ID: SB23.10387 Date of Disbursement
	Mailing Address 901 N Washington St Ste 102	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Services Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="101"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Koch & Hoos LLC	Transaction ID: SB23.10389 Date of Disbursement
	Mailing Address 901 N Washington St Ste 102	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Services Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="101"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Kwik Kopy Printing	Transaction ID: SB23.10360 Date of Disbursement
	Mailing Address 135 W Wells St	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Milwaukee State WI Zip Code 53203	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing Candidate Name	<input type="text" value="244.99"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="101"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2244.99"/>
<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 25 / 53

<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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation	Transaction ID: SB23.10348 Date of Disbursement
	Mailing Address 250 N Sunny Slope Ste 300	<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Brookfield State WI Zip Code 53005	Amount of Each Disbursement this Period
	Purpose of Disbursement Web Services	<input type="text" value="3730.33"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) McLeod USA	Transaction ID: SB23.10376 Date of Disbursement
	Mailing Address PO Box 3177	<input type="text" value="11"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Cedar Rapids State IA Zip Code 52406	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Expense	<input type="text" value="840.10"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) McLeod USA	Transaction ID: SB23.10377 Date of Disbursement
	Mailing Address PO Box 3177	<input type="text" value="11"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Cedar Rapids State IA Zip Code 52406	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Expense	<input type="text" value="342.30"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4912.73"/>
<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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Michael Best	Transaction ID: SB23.10363 Date of Disbursement 10 / 31 / 2007
	Mailing Address 100 E Wisconsin Ave	Amount of Each Disbursement this Period 500.00
	City Milwaukee State WI Zip Code 53202	
	Purpose of Disbursement Legal Services Candidate Name	101 Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) OMH-Corporate Health Services	Transaction ID: SB23.10354 Date of Disbursement 10 / 17 / 2007
	Mailing Address 1205 Corporate Ctr Dr	Amount of Each Disbursement this Period 781.78
	City Oconomowoc State WI Zip Code 53066	
	Purpose of Disbursement Event Expense/Health Screenings Candidate Name	101 Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10350 Date of Disbursement 10 / 12 / 2007
	Mailing Address 5200 SW 30th St Ste 7	Amount of Each Disbursement this Period 2048.00
	City Davenport State IA Zip Code 52802	
	Purpose of Disbursement Media Services Candidate Name	101 Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3329.78
<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 27 / 53

<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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10351 Date of Disbursement
	Mailing Address 5200 SW 30th St Ste 7	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Invites/Phone	<input type="text" value="911.89"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10352 Date of Disbursement
	Mailing Address 5200 SW 30th St Ste 7	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Equipment Rental/Travel/DVD Repro.	<input type="text" value="952.99"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10353 Date of Disbursement
	Mailing Address 5200 SW 30th St Ste 7	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement T-Shirts	<input type="text" value="1605.00"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3469.88"/>
<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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10359
	Mailing Address 5200 SW 30th St Ste 7	Date of Disbursement 10 / 22 / 2007
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period 1027.26
	Purpose of Disbursement Invites/Phone Candidate Name	101 Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10362
	Mailing Address 5200 SW 30th St Ste 7	Date of Disbursement 10 / 26 / 2007
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period 2093.00
	Purpose of Disbursement Media Services Candidate Name	101 Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10368
	Mailing Address 5200 SW 30th St Ste 7	Date of Disbursement 11 / 05 / 2007
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Print & Mail Services Candidate Name	101 Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5620.26
<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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10370 Date of Disbursement
	Mailing Address 5200 SW 30th St Ste 7	<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Print & Mail Services	<input type="text" value="1479.22"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10372 Date of Disbursement
	Mailing Address 5200 SW 30th St Ste 7	<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Invites/Phone	<input type="text" value="1500.00"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10378 Date of Disbursement
	Mailing Address 5200 SW 30th St Ste 7	<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement T-Shirts	<input type="text" value="1457.03"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4436.25"/>
<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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10384 Date of Disbursement
	Mailing Address 5200 SW 30th St Ste 7	<input type="text" value="12"/> <input type="text" value="14"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Invites/Phone Candidate Name	<input type="text" value="1250.00"/>
	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) ▼
		<input type="text" value="101"/> Category/Type

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10386 Date of Disbursement
	Mailing Address 5200 SW 30th St Ste 7	<input type="text" value="12"/> <input type="text" value="18"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Invites/Phone/Stickers Candidate Name	<input type="text" value="1056.26"/>
	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) ▼
		<input type="text" value="101"/> Category/Type

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10388 Date of Disbursement
	Mailing Address 5200 SW 30th St Ste 7	<input type="text" value="12"/> <input type="text" value="21"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Invites/Phone/T-Shirts Candidate Name	<input type="text" value="1055.14"/>
	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) ▼
		<input type="text" value="101"/> Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3361.40"/>
<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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10390 Date of Disbursement
	Mailing Address 5200 SW 30th St Ste 7	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Invites/Phone/T-Shirts	<input type="text" value="1089.16"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB23.10392 Date of Disbursement
	Mailing Address 5200 SW 30th St Ste 7	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Invites/Phone/Travel/Ops Consulting	<input type="text" value="9000.00"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Wachovia	Transaction ID: SB23.10464 Date of Disbursement
	Mailing Address 330 N Washington St	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="35.00"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10124.16"/>
<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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Wachovia	Transaction ID: SB23.10465
	Mailing Address 330 N Washington St	Date of Disbursement 12 / 11 / 2007
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 35.00
	Purpose of Disbursement Bank Fee	101 Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Aaron Windeknecht	Transaction ID: SB23.10365
	Mailing Address 10544 Justin Dr	Date of Disbursement 11 / 05 / 2007
	City Urbandale State IA Zip Code 50322	Amount of Each Disbursement this Period -700.00
	Purpose of Disbursement VOID: Lost Check	101 Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Aaron Windeknecht	Transaction ID: SB23.10366
	Mailing Address 10544 Justin Dr	Date of Disbursement 11 / 05 / 2007
	City Urbandale State IA Zip Code 50322	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement Operations Consulting - Re-Issued Check	101 Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	35.00
<b>TOTAL</b> This Period (last page this line number only) .....	61739.16

# 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 33 / 53

<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)  
Tommy Thompson For President (Tommy 2008)

A.	Full Name (Last, First, Middle Initial) Sam Vinson	Transaction ID: SB28A.10379
	Mailing Address 3 First National Plaza, Suite 3500	Date of Disbursement MM / DD / YYYY 12 / 06 / 2007
	City Chicago State IL Zip Code 60602	Amount of Each Disbursement this Period -92.23
	Purpose of Disbursement VOID - Lost Check	101 Category/ Type
	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) ▼
B.	Full Name (Last, First, Middle Initial) Sam Vinson	Transaction ID: SB28A.10380
	Mailing Address 3 First National Plaza, Suite 3500	Date of Disbursement MM / DD / YYYY 12 / 06 / 2007
	City Chicago State IL Zip Code 60602	Amount of Each Disbursement this Period 92.23
	Purpose of Disbursement Re-Issue Voided Check	101 Category/ Type
	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) ▼

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

0.00

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

0.00

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 34 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.4993**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM DD YY YY 02 06 2007	Date Due None	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	------------------	----------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	25000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 35 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.4994**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM DD YY 02 22 2007	Date Due None	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	----------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	25000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 36 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.4995**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM DD YY 03 13 2007	Date Due None	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	----------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	25000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 37 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.8494**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM DD YY 06 27 2007	Date Due None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	25000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 38 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.10017**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred M M 07 D D 19 Y Y Y Y 2007	Date Due None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	25000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 39 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.10018**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred MM DD YY 07 26 2007	Date Due None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	25000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 40 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.10019**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	
Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00
Balance Outstanding at Close of This Period 10000.00	

**TERMS**

Date Incurred MM DD YY 08 16 2007	Date Due None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	10000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 41 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.10320**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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**TERMS**

Date Incurred MM DD YY 09 24 2007	Date Due None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	5000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 42 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.10321**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

**TERMS**

Date Incurred M M 09 D D 27 Y Y Y Y 2007	Date Due None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	2500.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 43 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.10457**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 D D 04 Y Y Y Y 2007	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	10000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 44 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.10445**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	
Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00
Balance Outstanding at Close of This Period 10000.00	

**TERMS**

Date Incurred M M 10 D D 12 Y Y Y Y 2007	Date Due None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	10000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 45 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.10425**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred M M 1 1 D D 0 2 Y Y Y Y 2 0 0 7	Date Due None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	2000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 46 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.10421**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred M M 11 D D 07 Y Y Y Y 2007	Date Due None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	2000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 47 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.10420**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred M M 11 D D 20 Y Y Y Y 2007	Date Due None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	2000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 48 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.10419**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

**TERMS**

Date Incurred M M D D Y Y Y Y 1 1 2 1 2 0 0 7	Date Due None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>1500.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 49 / 53
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

**Transaction ID: SC/12.10418**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tommy G. Thompson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 320127	
City Alexandria State VA ZIP Code 22320	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

**TERMS**

Date Incurred M M D D Y Y Y Y 1 1 2 8 2 0 0 7	Date Due None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>1000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>196000.00</b>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**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)  
Tommy Thompson For President (Tommy 2008)

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Clearwing Productions Inc.

Nature of Debt (Purpose):  
Event Expense/Production Costs

Mailing Address 11101 W Mitchell St

City State ZIP Code  
W Allis WI 53214

Outstanding Balance Beginning This Period **Transaction ID:** SD12.10331

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  
Gateway Ventures

Nature of Debt (Purpose):  
Fundraising Consulting

Mailing Address PO Box 1998

City State ZIP Code  
Madison WI 53701

Outstanding Balance Beginning This Period **Transaction ID:** SD12.10332

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  
Koch & Hoos LLC

Nature of Debt (Purpose):  
Accounting Consulting

Mailing Address 901 N Washington St Ste 102

City State ZIP Code  
Alexandria VA 22314

Outstanding Balance Beginning This Period **Transaction ID:** SD12.10333

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

<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)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch & Hoos LLC	Nature of Debt (Purpose): Accounting Services
Mailing Address 901 N Washington St Ste 102	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD12.10468</b>	
Amount Incurred This Period 1912.10	Payment This Period 0.00	Outstanding Balance at Close of This Period 1912.10

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Maelstrom Solutions Corporation	Nature of Debt (Purpose): Web Services
Mailing Address 250 N Sunny Slope Ste 300	
City State ZIP Code Brookfield WI 53005	

Outstanding Balance Beginning This Period 3730.33	<b>Transaction ID: SD12.10334</b>	
Amount Incurred This Period 0.00	Payment This Period 3730.33	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor McLeod USA	Nature of Debt (Purpose): Phone Expense
Mailing Address PO Box 3177	
City State ZIP Code Cedar Rapids IA 52406	

Outstanding Balance Beginning This Period 840.10	<b>Transaction ID: SD12.10335</b>	
Amount Incurred This Period 0.00	Payment This Period 840.10	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1912.10
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 52 / 53	
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	11
	<input checked="" type="checkbox"/>	12

NAME OF COMMITTEE (In Full)  
Tommy Thompson For President (Tommy 2008)

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Michael Best	Nature of Debt (Purpose): Legal Services
Mailing Address 100 E Wisconsin Ave	
City Milwaukee State WI ZIP Code 53202	

Outstanding Balance Beginning This Period 500.00	Transaction ID: SD12.10336	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Victory Enterprises	Nature of Debt (Purpose): Invites/Phone/Printing & Mail Serv./Etc.
Mailing Address 5200 SW 30th St Ste 7	
City Davenport State IA ZIP Code 52802	

Outstanding Balance Beginning This Period 31574.39	Transaction ID: SD12.10338	
Amount Incurred This Period -2549.44	Payment This Period 29024.95	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).....	1912.10
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	196000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	197912.10

Image# 28930171004

Form/Schedule: **F3PN**  
Transaction ID:

Please note that the adjustment to the Victory Enterprises obligation reflects corrections to (2) prior invoices.

\*\*\*\*\*