

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

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

FOR LINE NUMBER: PAGE 876 / 6036

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
MS. DOROTHY CONWAY

Mailing Address  
P.O. BOX 430

City State Zip Code  
CORNELIUS OR 97113-0430

FEC ID number of contributing  
federal political committee.

Name of Employer  
SELF-EMPLOYED

Occupation  
INTERNET RETAIL

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Transaction ID: SA17.215181

**B.**

Full Name (Last, First, Middle Initial)  
MRS. ELAINE W. CONWAY

Mailing Address  
9 RITTENHOUSE ROAD

City State Zip Code  
BRONXVILLE NY 10708-2320

FEC ID number of contributing  
federal political committee.

Name of Employer  
N.Y.S.

Occupation  
PUBLIC OFFICIAL

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

Transaction ID: SA17.108732

**C.**

Full Name (Last, First, Middle Initial)  
MR. PETER CONWAY

Mailing Address  
508 TULIP ROAD

City State Zip Code  
RIVA MD 21140-1317

FEC ID number of contributing  
federal political committee.

Name of Employer  
U.S. ARMY

Occupation  
INTELLIGENCE SPECIALIST

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Transaction ID: SA17.183226

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

2800.00

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