

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

THE FRED D. THOMPSON PAC

ADDRESS (number and street)

2400 CRESTMOOR ROAD, SUITE 319

(Check if address is changed)

NASHVILLE

TN

37215

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

DAN@DANTHOMPSONASSOCIATES.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

12 / 20 / 2006

3. FEC IDENTIFICATION NUMBER

C C00325498

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

SUZIE BROWNING, Treasurer

Signature of Treasurer

Electronically Filed by SUZIE BROWNING, Treasurer

Date

12 / 20 / 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

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

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

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

Name of Candidate _____

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

- (e) This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

THE FRED D. THOMPSON PAC

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

Full Name **DANIEL THOMPSON**

Mailing Address **424 CHURCH STREET**

SUITE 2800

NASHVILLE TN 37219

Title or Position ▼ **DIRECTOR** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **615 259 1403**

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **SUZIE BROWNING**

Mailing Address **1503 DALLAS AVENUE**

Nashville TN 37212

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **615 298 4364**

Full Name of Designated Agent **DANIEL THOMPSON**

Mailing Address **424 CHURCH STREET**

SUITE 2800

NASHVILLE TN 37219

Title or Position ▼ **DIRECTOR** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **615 259 1403**

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

Name of Bank, Depository, etc.

AMSOUTH

Mailing Address

315 DEADRICK STREET

NASHVILLE

TN

37237

CITY ▲

STATE ▲

ZIP CODE ▲