

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Rick W. Allen for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	50000	50000
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....		50000
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3883.41	35735.31
(b) Total Offsets to Operating Expenditures (from Line 14).....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3883.41	35735.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5814.44	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	520000	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Rick W. Allen for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	<input type="text"/>	<input type="text"/>
(ii) Unitemized.....	<input type="text"/>	<input type="text"/>
(iii) TOTAL of contributions from individuals ▶	<input type="text"/>	<input type="text"/>
(b) Political Party Committees.....	<input type="text"/>	<input type="text"/>
(c) Other Political Committees (such as PACs).....	<input type="text"/>	<input type="text"/>
(d) The Candidate.....	<input type="text"/>	<input type="text" value="50000"/>
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	<input type="text"/>	<input type="text" value="50000"/>
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	<input type="text"/>	<input type="text"/>
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	<input type="text"/>	<input type="text" value="20000"/>
(b) All Other Loans.....	<input type="text"/>	<input type="text"/>
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	<input type="text"/>	<input type="text" value="20000"/>
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	<input type="text"/>	<input type="text"/>
15. OTHER RECEIPTS (Dividends, Interest, etc.)	<input type="text"/>	<input type="text"/>
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	<input type="text"/>	<input type="text" value="70000"/>

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3883.41	35735.31
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		50000
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		50000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	3883.41	85735.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9697.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	
25. SUBTOTAL (add Line 23 and Line 24).....	9697.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3883.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5814.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 13			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 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)
Rick W. Allen for Congress

Full Name (Last, First, Middle Initial) A. Trail Blazer Campaign Services Inc.			Date of Disbursement MM / DD / YYYY 02 / 15 / 2013
Mailing Address 620 Mendelssohn Avenue N Suite 186			Amount of Each Disbursement this Period 623.00 Transaction ID : SB17-EX1685
City Golden Valley	State MN	Zip Code 55427	
Purpose of Disbursement Reporting Software		Category/Type 001	Reporting Software
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: District:			

Full Name (Last, First, Middle Initial) B. Trail Blazer Campaign Services Inc.			Date of Disbursement MM / DD / YYYY 03 / 01 / 2013
Mailing Address 620 Mendelssohn Avenue N Suite 186			Amount of Each Disbursement this Period 623.00 Transaction ID : SB17-EX1676
City Golden Valley	State MN	Zip Code 55427	
Purpose of Disbursement Reporting Software		Category/Type 001	Reporting Software
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: District:			

Full Name (Last, First, Middle Initial) C. Verizon Wireless			Date of Disbursement MM / DD / YYYY 03 / 22 / 2013
Mailing Address PO Box 660108			Amount of Each Disbursement this Period 44.71 Transaction ID : SB17-EX1684
City Dallas	State TX	Zip Code 75266	
Purpose of Disbursement Telephone Expense		Category/Type 001	Telephone Expense
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1290.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Rick W. Allen for Congress

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2013
Mailing Address IRS Payment Center		Amount of Each Disbursement this Period 240.90
City Ogden	State UT	Zip Code 84201
Purpose of Disbursement Tax Payment	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX1670
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	Tax Payment

Full Name (Last, First, Middle Initial) B. FEC Financial Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 700.00
City Potomac Falls	State VA	Zip Code 20165
Purpose of Disbursement Accounting Services	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX1669
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	Accounting Services

Full Name (Last, First, Middle Initial) C. FEC Financial Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2013
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 200.00
City Potomac Falls	State VA	Zip Code 20165
Purpose of Disbursement Accounting Services	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX1679
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	Accounting Services

SUBTOTAL of Disbursements This Page (optional).....	1140.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Rick W. Allen for Congress

Full Name (Last, First, Middle Initial) A. FEC Financial Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 215.50
City Potomac Falls	State VA	
Purpose of Disbursement Accounting Services	Zip Code 20165	Transaction ID : SB17-EX1677
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Accounting Services
State: District:		

Full Name (Last, First, Middle Initial) B. Strickland Brockington Lewis LLP		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2013
Mailing Address 1170 Peachtree St NE		Amount of Each Disbursement this Period 1000.00
City Atlanta	State GA	
Purpose of Disbursement Legal Services	Zip Code 30309	Transaction ID : SB17-EX1664
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Legal Services
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1215.50
TOTAL This Period (last page this line number only).....	3647.11

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rick W. Allen for Congress** Transaction ID : **SC10-LN1**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Richard Allen Primary
 Mailing Address 2237 Pickens Rd General
 Other (specify) ▼

City State ZIP Code
 Augusta GA 30904

Original Amount of Loan 50000	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 50000.00
----------------------------------	-----------------------------------	---

TERMS Date Incurred Date Due Interest Rate Secured:
 M^M / D^D / Y^Y Y^Y Y^Y M^M / D^D / Y^Y Y^Y Y^Y 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional).....	▶	50000.00
TOTALS This Period (last page in this line only).....	▶	[]

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 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC10-LN2**
Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Richard Allen	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2237 Pickens Rd		

City	State	ZIP Code
Augusta	GA	30904

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000	.00	30000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2011	M 01 / D 08 / Y 2013	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	30000.00
TOTALS This Period (last page in this line only).....	▶	[]
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 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN3

Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Richard Allen

Primary
 General
 Other (specify) ▼

Mailing Address
2237 Pickens Rd

City State ZIP Code
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
20000 .00 20000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 30 / Y 2012 M 01 / D 08 / Y 2013 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 20000.00
TOTALS This Period (last page in this line only).....

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 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN5

Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address
2237 Pickens Rd

City State ZIP Code
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150000 .00 150000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

07

11

2012

01

01

2013

0.00

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 150000.00

TOTALS This Period (last page in this line only).....

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 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN7

Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address
2237 Pickens Rd

City State ZIP Code
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
250000 .00 250000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

02

2012

01

01

2013

0.00

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 250000.00

TOTALS This Period (last page in this line only).....

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 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN10

Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Richard Allen

Primary
 General
 Other (specify) ▼

Mailing Address
2237 Pickens Rd

City State ZIP Code
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
20000 .00 20000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 10 / D 15 / Y 2012 M 01 / D 01 / Y 2014 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 20000.00
TOTALS This Period (last page in this line only)..... 520000.00

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