

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

Office Use Only

2013 MAR 11 AM 8:30  
12FE4M5

FEC MAIL CENTER

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

Thigpen for Congress

ADDRESS (number and street)

PO Box 12034

X (Check if address is changed)

Jacksonville  
CITY

NC  
STATE

28546  
ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

hayleighperez@thigpenforcongress.com

Optional Second E-Mail Address

jasonthigpen4@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.thigpenforcongress.com

2. DATE 03 / 05 / 2013

3. FEC IDENTIFICATION NUMBER C 00541409

4. IS THIS STATEMENT NEW (N) OR X 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 Hayleigh L Perez

Signature of Treasurer

Date 03 / 05 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 06/2012)

13031044343

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (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 Jason Ray Thigpen

Candidate Party Affiliation	REP	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	NC
						District	03

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

Name of Candidate \_\_\_\_\_

**Party Committee:**

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

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

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

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. Friends of Jason Thigpen FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

13031044344

Write or Type Committee Name

Thigpen for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Friends of Jason Thigpen

Mailing Address

PO Box 2122

Raeford

CITY

NC

STATE

28376

ZIP CODE

Relationship: Connected Organization  Affiliated Committee  Joint Fundraising Representative Leadership PAC Sponsor

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 Hayleigh Lynn Perez

Mailing Address

PO Box 2122

Raeford

CITY

NC

STATE

28376

ZIP CODE

Title or Position

Secretary

Telephone number

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 Hayleigh Lynn Perez

Mailing Address

PO Box 2122

Raeford

CITY

NC

STATE

28376

ZIP CODE

Title or Position

Treasurer

Telephone number

13031044345

Full Name of Designated Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address

1701 Shipyard Blvd

Wilmington

NC

28403

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031044346

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
3/6/13

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Amc*  
 PREPARER

*3/11/13*  
 DATE PREPARED

13031044347