

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

THIGPEN FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 12034

Check if different than previously reported. (ACC)

JACKSONVILLE

NC

28546

2. **FEC IDENTIFICATION NUMBER** ▼

C C00541409

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

NC

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Chris Thigpen

Signature of Treasurer Chris Thigpen

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
THIGPEN 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))....	21320.00	21320.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	21320.00	21320.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16616.05	16616.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16616.05	16616.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6703.95	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

THIGPEN 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).....	16520.00	16520.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	16520.00	16520.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	4800.00	4800.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21320.00	21320.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	21320.00	21320.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16616.05	16616.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16616.05	16616.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21320.00
25. SUBTOTAL (add Line 23 and Line 24).....	23320.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16616.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6703.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
THIGPEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dustin Brandenburg

Mailing Address 100 Melodie Lane

City Wadesboro State NC Zip Code 28170

FEC ID number of contributing federal political committee. **C**

Name of Employer Alltel Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2013

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period
 500.00

In-kind - research

B. Full Name (Last, First, Middle Initial)
Dustin Brandenburg

Mailing Address 100 Melodie Lane

City Wadesboro State NC Zip Code 28170

FEC ID number of contributing federal political committee. **C**

Name of Employer Alltel Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period
 500.00

In-kind - research

C. Full Name (Last, First, Middle Initial)
Dustin Brandenburg

Mailing Address 100 Melodie Lane

City Wadesboro State NC Zip Code 28170

FEC ID number of contributing federal political committee. **C**

Name of Employer Alltel Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
 500.00

In-kind - research

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
THIGPEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dustin Brandenburg

Mailing Address 100 Melodie Lane

City Wadesboro State NC Zip Code 28170

FEC ID number of contributing federal political committee. **C**

Name of Employer Alltel Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 30 / 2013

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
500.00

In-kind - research

B. Full Name (Last, First, Middle Initial)
Jody Cuthbertson

Mailing Address 3655 Grandview Dr.

City Morganton State NC Zip Code 28655

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 08 / 2013

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period
2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Jody Cuthbertson

Mailing Address 3655 Grandview Dr.

City Morganton State NC Zip Code 28655

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 15 / 2013

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period
750.00

In-kind - research

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
THIGPEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jody Cuthbertson

Mailing Address 3655 Grandview Dr.

City Morganton State NC Zip Code 28655

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
750.00

In-kind - research

B. Full Name (Last, First, Middle Initial)
Jody Cuthbertson

Mailing Address 3655 Grandview Dr.

City Morganton State NC Zip Code 28655

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period
750.00

In-kind - research

C. Full Name (Last, First, Middle Initial)
Jody Cuthbertson

Mailing Address 3655 Grandview Dr.

City Morganton State NC Zip Code 28655

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2013

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period
750.00

In-kind - research

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
THIGPEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jody Cuthbertson

Mailing Address 3655 Grandview Dr.

City Morganton State NC Zip Code 28655

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2013

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period
 1000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Wayne Gatewood

Mailing Address 3802 Millcreek Dr.

City Annandale State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C**

Name of Employer Quality Support Inc. Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2013

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period
 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Rick McKeithan

Mailing Address 1001 Adelaide Dr.

City Wilmington State NC Zip Code 28412

FEC ID number of contributing federal political committee. **C**

Name of Employer Trailer Showroom Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period
 1000.00
 Contribution

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) Chris Thigpen		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2013
Mailing Address 626 East Southerland St.		Transaction ID : SA11AI.4122
City Wallace	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hanover Stables	Occupation Manager	In-kind - management
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Chris Thigpen		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2013
Mailing Address 626 East Southerland St.		Transaction ID : SA11AI.4102
City Wallace	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Hanover Stables	Occupation Manager	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) Chris Thigpen		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2013
Mailing Address 626 East Southerland St.		Transaction ID : SA11AI.4123
City Wallace	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hanover Stables	Occupation Manager	In-kind - management
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
THIGPEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Chris Thigpen

Mailing Address 626 East Southerland St.

City Wallace State NC Zip Code 28466

FEC ID number of contributing federal political committee. **C**

Name of Employer Hanover Stables Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2013

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
500.00

In-kind - management

B. Full Name (Last, First, Middle Initial)
Chris Thigpen

Mailing Address 626 East Southerland St.

City Wallace State NC Zip Code 28466

FEC ID number of contributing federal political committee. **C**

Name of Employer Hanover Stables Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2013

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
1500.00

In-kind - management

C. Full Name (Last, First, Middle Initial)
Chris Thigpen

Mailing Address 626 East Southerland St.

City Wallace State NC Zip Code 28466

FEC ID number of contributing federal political committee. **C**

Name of Employer Hanover Stables Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3520.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2013

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period
420.00

Contribution

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

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

2420.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chris Thigpen		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2013	
Mailing Address 626 East Southerland St.		Transaction ID : SA11AI.4126	
City Wallace	State NC	Zip Code 28466	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Hanover Stables	Occupation Manager		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5020.00		
		In-kind - management	

Full Name (Last, First, Middle Initial) B. Jason Ray Thigpen		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2013	
Mailing Address 151 Pamlico Dr.		Transaction ID : SA11AI.4114	
City Holly Ridge	State NC	Zip Code 28445	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer None	Occupation N/A		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		
		In-kind - research	

Full Name (Last, First, Middle Initial) C. Jason Ray Thigpen		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2013	
Mailing Address 151 Pamlico Dr.		Transaction ID : SA11AI.4117	
City Holly Ridge	State NC	Zip Code 28445	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer None	Occupation N/A		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5300.00		
		In-kind - research	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	16520.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
THIGPEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jason Ray Thigpen

Mailing Address 151 Pamlico Dr.

City: Holly Ridge State: NC Zip Code: 28445

FEC ID number of contributing federal political committee: **C**

Name of Employer: None Occupation: N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 4550.00

Date of Receipt: 05 / 13 / 2013

Transaction ID : SA11D.4111

Amount of Each Receipt this Period: 3800.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jason Ray Thigpen

Mailing Address 151 Pamlico Dr.

City: Holly Ridge State: NC Zip Code: 28445

FEC ID number of contributing federal political committee: **C**

Name of Employer: None Occupation: N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 6300.00

Date of Receipt: 06 / 07 / 2013

Transaction ID : SA11D.4113

Amount of Each Receipt this Period: 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

4800.00

4800.00

**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 13 OF 29	
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dustin Brandenburg		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address 100 Melodie Lane		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4135
City Wadesboro	State NC	
Purpose of Disbursement In-kind - research	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Dustin Brandenburg		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2013
Mailing Address 100 Melodie Lane		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4134
City Wadesboro	State NC	
Purpose of Disbursement In-kind - research	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Dustin Brandenburg		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013
Mailing Address 100 Melodie Lane		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4133
City Wadesboro	State NC	
Purpose of Disbursement In-kind - research	Candidate Name	Category/ Type
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1500.00
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 14 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dustin Brandenburg			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2013		
Mailing Address 100 Melodie Lane			Amount of Each Disbursement this Period 500.00		
City Wadesboro	State NC	Zip Code 28170	Transaction ID : SB17.4132		
Purpose of Disbursement In-kind - research		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Jody Cuthbertson			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013		
Mailing Address 3655 Grandview Dr.			Amount of Each Disbursement this Period 750.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : SB17.4144		
Purpose of Disbursement In-kind - research		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Jody Cuthbertson			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2013		
Mailing Address 3655 Grandview Dr.			Amount of Each Disbursement this Period 750.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : SB17.4143		
Purpose of Disbursement In-kind - research		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	2000.00
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 15 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jody Cuthbertson			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013		
Mailing Address 3655 Grandview Dr.			Amount of Each Disbursement this Period 750.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : SB17.4142		
Purpose of Disbursement In-kind - research		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Jody Cuthbertson			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2013		
Mailing Address 3655 Grandview Dr.			Amount of Each Disbursement this Period 750.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : SB17.4141		
Purpose of Disbursement In-kind - research		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Chris Thigpen			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013		
Mailing Address 626 East Southerland St.			Amount of Each Disbursement this Period 500.00		
City Wallace	State NC	Zip Code 28466	Transaction ID : SB17.4140		
Purpose of Disbursement In-kind - management		Category/ Type			
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)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	2000.00
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 16 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chris Thigpen		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2013
Mailing Address 626 East Southerland St.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4139
City Wallace	State NC	
Zip Code 28466	Purpose of Disbursement In-kind - management	Category/ Type
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)	State: District:	

Full Name (Last, First, Middle Initial) B. Chris Thigpen		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013
Mailing Address 626 East Southerland St.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4138
City Wallace	State NC	
Zip Code 28466	Purpose of Disbursement In-kind - management	Category/ Type
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)	State: District:	

Full Name (Last, First, Middle Initial) c. Chris Thigpen		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2013
Mailing Address 626 East Southerland St.		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4137
City Wallace	State NC	
Zip Code 28466	Purpose of Disbursement In-kind - management	Category/ Type
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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2500.00
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 17 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chris Thigpen		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2013
Mailing Address 626 East Southerland St.		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4136
City Wallace State NC Zip Code 28466	Purpose of Disbursement In-kind - management	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jason Ray Thigpen		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address 151 Pamlico Dr.		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4115
City Holly Ridge State NC Zip Code 28445	Purpose of Disbursement In-kind - research	
Candidate Name Jason Ray Thigpen	Category/Type	
Office Sought: <input checked="" 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)	
State: NC District: 03		

Full Name (Last, First, Middle Initial) c. Jason Ray Thigpen		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013
Mailing Address 151 Pamlico Dr.		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4145
City Holly Ridge State NC Zip Code 28445	Purpose of Disbursement In-kind - research	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 18 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 87.00 Transaction ID : SB17.4151
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement dinner with campaign staff Candidate Name Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 26.94 Transaction ID : SB17.4152
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement lunch with campaign staff Candidate Name Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 63.62 Transaction ID : SB17.4153
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	177.56
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 19 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 30.80 Transaction ID : SB17.4154
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) B. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 13.02 Transaction ID : SB17.4155
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement iContact email service Candidate Name Category/Type 003	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) C. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 67.50 Transaction ID : SB17.4156
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input checked="" 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)	State: NC District: 03	

SUBTOTAL of Disbursements This Page (optional).....	111.32
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 20 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4157
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement was king Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4158
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement was king Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4159
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement was king Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3250.00
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 21 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 32.06 Transaction ID : SB17.4160
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement UPS mailing Candidate Name Category/Type 003	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) B. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 30.75 Transaction ID : SB17.4161
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) C. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 8.43 Transaction ID : SB17.4162
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement lunch Candidate Name Category/Type 002	
Office Sought: <input checked="" 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)	State: NC District: 03	

SUBTOTAL of Disbursements This Page (optional).....	71.24
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 22 OF 29	
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 75.97 Transaction ID : SB17.4163
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement business cards - Staples Candidate Name Category/Type 003	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) B. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 59.16 Transaction ID : SB17.4164
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) C. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 61.68 Transaction ID : SB17.4165
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas - trip to DC Candidate Name Category/Type 002	
Office Sought: <input checked="" 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)	State: NC District: 03	

SUBTOTAL of Disbursements This Page (optional).....	196.81
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 23 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 22.00 Transaction ID : SB17.4166
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement travel passes Candidate Name Category/Type 002	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) B. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 63.00 Transaction ID : SB17.4167
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement dinner at the Matchbox in DC Candidate Name Category/Type 003	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) C. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 63.02 Transaction ID : SB17.4168
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input checked="" 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)	State: NC District: 03	

SUBTOTAL of Disbursements This Page (optional).....	148.02
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 24 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 2.13 Transaction ID : SB17.4169
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement lunch Candidate Name Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 11.90 Transaction ID : SB17.4170
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 52.58 Transaction ID : SB17.4171
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	66.61
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 25 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 74.62 Transaction ID : SB17.4172
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement lunch Candidate Name Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 12.60 Transaction ID : SB17.4173
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement iContact email services Candidate Name Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 50.10 Transaction ID : SB17.4174
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	74.62
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 26 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 6.71 Transaction ID : SB17.4175
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement beverages during NC GOP Candidate Name Category/Type 003	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) B. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 39.95 Transaction ID : SB17.4176
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement tickets to NC GOP event Candidate Name Category/Type 003	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) C. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 7.79 Transaction ID : SB17.4177
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement beverages during NC GOP Candidate Name Category/Type 002	
Office Sought: <input checked="" 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)	State: NC District: 03	

SUBTOTAL of Disbursements This Page (optional).....	54.45
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 27 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 160.67 Transaction ID : SB17.4178
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement hotel expense for trip to NC GOP in Charlotte Candidate Name Category/Type 002	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) B. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 3.25 Transaction ID : SB17.4179
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement beverages during trip to NC GOP Candidate Name Category/Type 002	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) C. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 47.80 Transaction ID : SB17.4180
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input checked="" 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)	State: NC District: 03	

SUBTOTAL of Disbursements This Page (optional).....	211.72
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 28 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4181
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4182
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 3.04 Transaction ID : SB17.4183
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement beverages during meeting Candidate Name Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	93.04
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 29 OF 29			
	<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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4184
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) B. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 5.26 Transaction ID : SB17.4185
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement beverages during meeting Candidate Name Category/Type 003	
Office Sought: <input checked="" 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)	State: NC District: 03	

Full Name (Last, First, Middle Initial) C. THIGPEN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2013
Mailing Address PO BOX 12034		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4186
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement Savi Consulting - Campaign Services Candidate Name Category/Type 006	
Office Sought: <input checked="" 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)	State: NC District: 03	

SUBTOTAL of Disbursements This Page (optional).....	1025.26
TOTAL This Period (last page this line number only).....	16480.65