

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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY 04 / 01 / 2013

through

MM / DD / YYYY 06 / 30 / 2013

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

MM / DD / YYYY 11 / 26 / 2013

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									
-----------------	--	--	--	--	--	--	--	--	--

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))....	7115.00	14015.00
(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)).....	7115.00	14015.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12020.23	19235.77
(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)).....	12020.23	19235.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	79.23	
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).....	5300.00	

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).....	6070.00	12970.00
(ii) Unitemized.....	1045.00	1045.00
(iii) TOTAL of contributions from individuals ▶	7115.00	14015.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7115.00	14015.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	3800.00	4300.00
(b) All Other Loans.....	1000.00	1000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	4800.00	5300.00
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)..... ▶	11915.00	19315.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12020.23	19235.77
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) ►	12020.23	19235.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	184.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11915.00
25. SUBTOTAL (add Line 23 and Line 24).....	12099.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12020.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	79.23

**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 21
	<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
2500.00

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

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
500.00

In-kind - Consulting/Field Strategy

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 / 07 / 2013

Transaction ID : SA11AI.4331

Amount of Each Receipt this Period
1000.00

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

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

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

2500.00

**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 21
	<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	

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)
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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2013

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period
 100.00

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

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

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
 500.00

In-kind - Consulting/Political Strategy

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

Date of Receipt
 M M / D D / Y Y 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).....

1020.00

**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 21
	<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)
Chris Thigpen

Mailing Address 626 East Southerland St.

City State Zip Code
Wallace NC 28466

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

Name of Employer Occupation
Hanover Stables Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2170.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period
150.00

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

Mailing Address 151 Pamlico Drive

City State Zip Code
Holly Ridge NC 28445

FEC ID number of contributing federal political committee. **C** H4NC03042

Name of Employer Occupation
None N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

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

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period
800.00

In-kind - Office Space, Telephone

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

Mailing Address 151 Pamlico Drive

City State Zip Code
Holly Ridge NC 28445

FEC ID number of contributing federal political committee. **C** H4NC03042

Name of Employer Occupation
None N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2013

Transaction ID : SA11AI.4257

Amount of Each Receipt this Period
800.00

In-kind - Office Space, Telephone

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

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

1750.00

**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 21
	<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)
Jason Ray Thigpen

Mailing Address 151 Pamlico Drive

City Holly Ridge State NC Zip Code 28445

FEC ID number of contributing federal political committee. **C H4NC03042**

Name of Employer None Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11Al.4254

Amount of Each Receipt this Period
800.00

In-kind - Office Space, Telephone

B. 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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

800.00

6070.00

**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 21
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Jason Ray Thigpen

Mailing Address 151 Pamlico Drive

City State Zip Code
Holly Ridge NC 28445

FEC ID number of contributing federal political committee. **C H4NC03042**

Name of Employer Occupation
None N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2013

Transaction ID : SA13A.4334

Amount of Each Receipt this Period
3800.00

Loan from Candidate

B. 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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

3800.00

3800.00

**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 10 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
Hayleigh Lynn Perez

Mailing Address P.O. Box 2122

City State Zip Code
Raeford NC 28376

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

Name of Employer Occupation
Unemployed Student

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA13B.4343

Amount of Each Receipt this Period
1000.00

B. 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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

1000.00

**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 11 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 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
City Wadesboro	State NC	
Zip Code 28170	Purpose of Disbursement In-kind - Consulting/Field Strategy	Transaction ID : SB17.4133
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:		

Full Name (Last, First, Middle Initial) B. Wes King		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address 3601 Sir Galahad Lane #202		Amount of Each Disbursement this Period 1200.00
City Wilmington	State NC	
Zip Code 28403	Purpose of Disbursement Consulting/Political Strategy	Transaction ID : SB17.4270
Candidate Name THIGPEN FOR CONGRESS	Category/Type 001	
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. Wes King		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address 3601 Sir Galahad Lane #202		Amount of Each Disbursement this Period 1000.00
City Wilmington	State NC	
Zip Code 28403	Purpose of Disbursement Consulting/Political Strategy	Transaction ID : SB17.4267
Candidate Name THIGPEN FOR CONGRESS	Category/Type 001	
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)	2700.00
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 12 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wes King		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address 3601 Sir Galahad Lane #202		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4268
City Wilmington	State NC	
Zip Code 28403	Purpose of Disbursement Consulting/Political Strategy	Category/ Type 001
Candidate Name THIGPEN FOR CONGRESS	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. Wes King		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2013
Mailing Address 3601 Sir Galahad Lane #202		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4159
City Wilmington	State NC	
Zip Code 28403	Purpose of Disbursement Consulting/Political Strategy	Category/ Type 001
Candidate Name THIGPEN FOR CONGRESS	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. Savi Political Consulting		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2013
Mailing Address 1455 Pennsylvania Ave, NW Suite 400		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4186
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Consulting/Political Strategy	Category/ Type 006
Candidate Name THIGPEN FOR CONGRESS	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).....	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 13 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Shell		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2013
Mailing Address 610 Eastwood road		Amount of Each Disbursement this Period 40.00
City Wilmington	State NC	
Zip Code 28403	Purpose of Disbursement Auto Fuel	Transaction ID : SB17.4181
Candidate Name THIGPEN FOR CONGRESS	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. Chris Thigpen		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2013
Mailing Address 626 East Southerland St.		Amount of Each Disbursement this Period 300.00
City Wallace	State NC	
Zip Code 28466	Purpose of Disbursement Consulting/Political Strategy	Transaction ID : SB17.4272
Candidate Name THIGPEN FOR CONGRESS	Category/ Type 001	
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. 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
City Wallace	State NC	
Zip Code 28466	Purpose of Disbursement In-kind - Consulting/Political Strategy	Transaction ID : SB17.4138
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).....	840.00
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 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chris Thigpen		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2013
Mailing Address 626 East Southerland St.		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4236
City Wallace State NC Zip Code 28466	Purpose of Disbursement Travel Reimbursement 002 Category/Type	
Candidate Name THIGPEN FOR CONGRESS		
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. Chris Thigpen		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2013
Mailing Address 626 East Southerland St.		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.4280
City Wallace State NC Zip Code 28466	Purpose of Disbursement Auto Travel 002 Category/Type	
Candidate Name THIGPEN FOR CONGRESS		
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. Jason Ray Thigpen		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2013
Mailing Address 151 Pamlico Drive		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4145
City Holly Ridge State NC Zip Code 28445	Purpose of Disbursement In-kind - Office Space, Telephone Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1160.00
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 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jason Ray Thigpen		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address 151 Pamlico Drive		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4258
City Holly Ridge	State NC	
Purpose of Disbursement In-kind - Office Space, Telephone		Category/ Type
Candidate Name		
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. Jason Ray Thigpen		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2013
Mailing Address 151 Pamlico Drive		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.4237
City Holly Ridge	State NC	
Purpose of Disbursement Travel Reimbursement		Category/ Type 002
Candidate Name THIGPEN FOR CONGRESS		
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 06 / 27 / 2013
Mailing Address 151 Pamlico Drive		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4290
City Holly Ridge	State NC	
Purpose of Disbursement Travel Reimbursement		Category/ Type 002
Candidate Name THIGPEN FOR CONGRESS		
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)	1300.00
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 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jason Ray Thigpen		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2013
Mailing Address 151 Pamlico Drive		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4255
City State Zip Code Holly Ridge NC 28445	Purpose of Disbursement In-kind - Office Space, Telephone	
Candidate Name	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) B. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address 3750 Oleander Drive3750 Oleander D		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.4279
City State Zip Code Wilmington NC 28403	Purpose of Disbursement Bank Fees	
Candidate Name THIGPEN FOR CONGRESS	Category/Type 001	
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. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2013
Mailing Address 3750 Oleander Drive3750 Oleander D		Amount of Each Disbursement this Period 14.00 Transaction ID : SB17.4232
City State Zip Code Wilmington NC 28403	Purpose of Disbursement Bank Fees	
Candidate Name THIGPEN FOR CONGRESS	Category/Type 001	
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).....	884.00
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 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wilco Hess		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2013
Mailing Address 5701 Oleander Drive		Amount of Each Disbursement this Period 63.02
City Wilmington	State NC Zip Code 28403	
Purpose of Disbursement Auto Fuel	Category/Type 002	Transaction ID : SB17.4168
Candidate Name THIGPEN FOR CONGRESS	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. Wilco Hess		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2013
Mailing Address 5701 Oleander Drive		Amount of Each Disbursement this Period 52.58
City Wilmington	State NC Zip Code 28403	
Purpose of Disbursement Auto Fuel	Category/Type 002	Transaction ID : SB17.4171
Candidate Name THIGPEN FOR CONGRESS	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. Wilco Hess		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2013
Mailing Address 5701 Oleander Drive		Amount of Each Disbursement this Period 47.80
City Wilmington	State NC Zip Code 28403	
Purpose of Disbursement Auto Fuel	Category/Type 002	Transaction ID : SB17.4180
Candidate Name THIGPEN FOR CONGRESS	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).....	163.40
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 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wilco Hess		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2013
Mailing Address 5701 Oleander Drive		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4182
City Wilmington	State NC	
Zip Code 28403	Purpose of Disbursement Auto Fuel	Category/ Type 002
Candidate Name THIGPEN FOR CONGRESS	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. Wilco Hess		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2013
Mailing Address 5701 Oleander Drive		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4184
City Wilmington	State NC	
Zip Code 28403	Purpose of Disbursement Auto Fuel	Category/ Type 002
Candidate Name THIGPEN FOR CONGRESS	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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	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).....	70.00
TOTAL This Period (last page this line number only).....	10367.40

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **THIGPEN FOR CONGRESS** Transaction ID : **SC/10.4247**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Jason Ray Thigpen
 Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
151 Pamlico Drive

City State ZIP Code
Holly Ridge NC 28445

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred: M 03 / D 14 / Y 2013
 Date Due: M / D / Y 03/14/2016
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Jason Ray Thigpen	Name of Employer None
Mailing Address 151 Pamlico Drive	Occupation N/A
City State ZIP Code Holly Ridge NC 28445	Amount Guaranteed Outstanding: 500.00 Transaction ID : SC/10.4247.0.SC2
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)..... ▶ 500.00

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

NAME OF COMMITTEE (In Full) **THIGPEN FOR CONGRESS** Transaction ID : **SC/10.4334**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Jason Ray Thigpen** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
151 Pamlico Drive

City State ZIP Code
Holly Ridge NC 28445

Original Amount of Loan 3800.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3800.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 05 / D 13 / Y 2013
 Date Due: M / D / Y 5/13/2016
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Jason Ray Thigpen	Name of Employer None
Mailing Address 151 Pamlico Drive	Occupation N/A
City State ZIP Code Holly Ridge NC 28445	Amount Guaranteed Outstanding: 3800.00 Transaction ID : SC/10.4334.0.SC2
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) ▶ 3800.00

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

NAME OF COMMITTEE (In Full) **THIGPEN FOR CONGRESS** Transaction ID : **SC/10.4343**

LOAN SOURCE Full Name (Last, First, Middle Initial) Hayleigh Lynn Perez	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 2122	

City	State	ZIP Code
Raeford	NC	28376

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 08 / 2013	4/8/2016	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) Hayleigh Lynn Perez	Name of Employer Unemployed
Mailing Address P.O. Box 2122	Occupation Student
City State ZIP Code Raeford NC 28376	Amount Guaranteed Outstanding: 1000.00 Transaction ID : SC/10.4343.0.SC2
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).....	1000.00
TOTALS This Period (last page in this line only).....	5300.00

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