

# 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

JACKSONVILLE NC 28546

2. **FEC IDENTIFICATION NUMBER**

C00541409

3. IS THIS REPORT  NEW (N) OR  AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT 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 through MM/DD/YYYY 07/01/2013 through 09/30/2013

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.

Table with 8 columns and 1 row for Office Use Only.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**THIGPEN FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 2013

	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))....	3020.00	17035.00
(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)).....	3020.00	17035.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	4254.24	23490.01
(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)).....	4254.24	23490.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-855.01	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	5600.00	

**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: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	570.00	13540.00
(ii) Unitemized.....	50.00	1095.00
(iii) TOTAL of contributions from individuals ▶	620.00	14635.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	2400.00	2400.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3020.00	17035.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	1300.00	5600.00
(b) All Other Loans.....	0.00	1000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1300.00	6600.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	4320.00	23635.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4254.24	23490.01
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 .....	1000.00	1000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	1000.00	1000.00
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	5254.24	24490.01

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	79.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4320.00
25. SUBTOTAL (add Line 23 and Line 24).....	4399.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5254.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-855.01

**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 18
	<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)  
**Brenda Thigpen**

Mailing Address 151 Pamlico Drive

City Holly Ridge State NC Zip Code 28445

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

Name of Employer Hanover Excess Insurance Occupation Adjuster

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2013

**Transaction ID : SA11Al.4329**

Amount of Each Receipt this Period  
 570.00

**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).....

570.00

570.00

**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 18
	<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 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  
11200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2013

**Transaction ID : SA11D.4349**

Amount of Each Receipt this Period  
800.00

In-kind - Office Space, Telephone

**B.** 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  
12000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2013

**Transaction ID : SA11D.4350**

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 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  
12800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11D.4351**

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).....

2400.00

2400.00

**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 18
	<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	

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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 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  
**10400.00**

Date of Receipt  
 /  /   
**07 / 18 / 2013**

**Transaction ID : SA13A.4327**

Amount of Each Receipt this Period  
 **1300.00**

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  
 /  /

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  
 /  /

Amount of Each Receipt this Period

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

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

**1300.00**

**1300.00**

**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 8 OF 18			
	<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) <b>A. Carolina Storage Center</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2013
Mailing Address 3311 Enterprise Drive		Amount of Each Disbursement this Period 370.00 <b>Transaction ID : SB17.4304</b>
City Wilmington	State NC	
Zip Code 28405	Purpose of Disbursement Storage Rental	Category/ Type 001
Candidate Name <b>THIGPEN FOR CONGRESS</b>	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>B. Hayleigh Lynn Perez</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2013
Mailing Address P.O. Box 2122		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.4361</b>
City Raeford	State NC	
Zip Code 28376	Purpose of Disbursement Travel Reimbursement	Category/ Type 002
Candidate Name <b>THIGPEN FOR CONGRESS</b>	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>c. Hayleigh Lynn Perez</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2013
Mailing Address P.O. Box 2122		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : SB17.4317</b>
City Raeford	State NC	
Zip Code 28376	Purpose of Disbursement Travel Reimbursement	Category/ Type 002
Candidate Name <b>THIGPEN FOR CONGRESS</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	615.00
<b>TOTAL</b> 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 9 OF 18			
	<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) <b>A. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 610 Eastwood road		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4296</b>
City Wilmington	State NC	
Zip Code 28403	Purpose of Disbursement Auto Fuel	Category/ Type 002
Candidate Name <b>THIGPEN FOR CONGRESS</b>	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>B. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 610 Eastwood road		Amount of Each Disbursement this Period 64.21 <b>Transaction ID : SB17.4320</b>
City Wilmington	State NC	
Zip Code 28403	Purpose of Disbursement Auto Fuel	Category/ Type 002
Candidate Name <b>THIGPEN FOR CONGRESS</b>	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>c. Chris Thigpen</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2013
Mailing Address 626 East Southerland St.		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.4315</b>
City Wallace	State NC	
Zip Code 28466	Purpose of Disbursement Consulting/Political Strategy	Category/ Type 001
Candidate Name <b>THIGPEN FOR CONGRESS</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	714.21
<b>TOTAL</b> 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 10 OF 18			
	<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) <b>A. Jason Ray Thigpen</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address 151 Pamlico Drive		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.4354</b>
City Holly Ridge	State NC	
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>B. Jason Ray Thigpen</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2013
Mailing Address 151 Pamlico Drive		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.4353</b>
City Holly Ridge	State NC	
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>C. Jason Ray Thigpen</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 151 Pamlico Drive		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.4352</b>
City Holly Ridge	State NC	
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2400.00
<b>TOTAL</b> 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 11 OF 18			
	<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) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2013
Mailing Address 3750 Oleander Drive3750 Oleander D		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : SB17.4299</b>
City Wilmington	State NC	
Purpose of Disbursement Bank Fees	001	Category/ Type
Candidate Name <b>THIGPEN FOR CONGRESS</b>		
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>B. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address 3750 Oleander Drive3750 Oleander D		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : SB17.4302</b>
City Wilmington	State NC	
Purpose of Disbursement Bank Fees	001	Category/ Type
Candidate Name <b>THIGPEN FOR CONGRESS</b>		
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>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2013
Mailing Address 3750 Oleander Drive3750 Oleander D		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : SB17.4314</b>
City Wilmington	State NC	
Purpose of Disbursement Bank Fees	001	Category/ Type
Candidate Name <b>THIGPEN FOR CONGRESS</b>		
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	63.00
<b>TOTAL</b> 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 18	
	<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) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2013
Mailing Address 3750 Oleander Drive3750 Oleander D		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : SB17.4321</b>
City Wilmington	State NC	
Purpose of Disbursement Bank Fees	001	Category/ Type
Candidate Name <b>THIGPEN FOR CONGRESS</b>		
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>B. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2013
Mailing Address 3750 Oleander Drive3750 Oleander D		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : SB17.4323</b>
City Wilmington	State NC	
Purpose of Disbursement Bank Fees	001	Category/ Type
Candidate Name <b>THIGPEN FOR CONGRESS</b>		
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>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 3750 Oleander Drive3750 Oleander D		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : SB17.4324</b>
City Wilmington	State NC	
Purpose of Disbursement Bank Fees	001	Category/ Type
Candidate Name <b>THIGPEN FOR CONGRESS</b>		
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	84.00
<b>TOTAL</b> 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 18		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20d

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) <b>A. Wilco Hess</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2013
Mailing Address 5701 Oleander Drive		Amount of Each Disbursement this Period 20.36
City Wilmington	State NC Zip Code 28403	
Purpose of Disbursement Auto Fuel	Category/Type 002	<b>Transaction ID : SB17.4318</b>
Candidate Name <b>THIGPEN FOR CONGRESS</b>		
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>B.</b>		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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20.36
<b>TOTAL</b> This Period (last page this line number only).....	3896.57

# 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 18
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**THIGPEN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hayleigh Lynn Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address P.O. Box 2122		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB19B.4346</b>
City Raeford	State NC	
Zip Code 28376	Purpose of Disbursement Loan Repayment	Category/ Type 001
Candidate Name <b>THIGPEN FOR CONGRESS</b>	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>B. Hayleigh Lynn Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2013
Mailing Address P.O. Box 2122		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB19B.4347</b>
City Raeford	State NC	
Zip Code 28376	Purpose of Disbursement Loan Repayment	Category/ Type 001
Candidate Name <b>THIGPEN FOR CONGRESS</b>	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>C.</b>		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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	1000.00

**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]* Election: 2014  
**Jason Ray Thigpen**  Primary  
 Mailing Address 151 Pamlico Drive  General  
 Other (specify) ▼

City State ZIP Code  
 Holly Ridge NC 28445

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

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

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 <b>Transaction ID : SC/10.4247.0.SC2</b>
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**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4334

**THIGPEN FOR CONGRESS**

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

[PERSONAL FUNDS]

Election: 2014

Jason Ray Thigpen

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
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**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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4327

**THIGPEN FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2014

Jason Ray Thigpen

Primary

General

Other (specify) ▼

Mailing Address

151 Pamlico Drive

City

State

ZIP Code

Holly Ridge

NC

28445

Original Amount of Loan

1300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1300.00

**TERMS**

Date Incurred

07 / 18 / 2013

Date Due

7/18/2016

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)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

1300.00

**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**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Hayleigh Lynn Perez</b>	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	1000.00	0.00

**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: 0.00 <b>Transaction ID : SC/10.4343.0.SC2</b>
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:

<b>SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>TOTALS</b> This Period (last page in this line only).....	5600.00

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