PAGE 1 / 7

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	AIN		thorized Com		'		Office Use Only
1. NAME OF COMMITTEE (in		E OR PRINT		ample: If typiner the lines.	g, type	12FE4M5	
RIPPEON FOI	R CONGRE	SS INC			1 1 1		
ADDRESS (number ar		257 BUCKEYS	TOWN PIKE #297				
Check if did	usly F	REDERICK				MD	21704
reported. (A	,	ER ▼	CITY			STATE A	ZIP CODE
C C004929	18		3. IS THIS REPORT	× NEW (N)	OR	AMENE (A)	STATE ▼ DISTRICT DED MD 06 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
July 15 Octobe X January	·	t (Q1) t (Q2) eport (Q3) eport (YE)	Election on	Primary (12P) Convention (T-Election Report General (30G	DD /	General (1 Special (1 Y Y Y Y Runoff (30	in the State of
5. Covering Period	M M	01 /	2013	through	м м 12	/ D D /	Y Y Y Y Y 2013
I certify that I have a		eport and to a	the best of my kr	owledge and l	belief it is tru	ue, correct and	d complete.
Signature of Treasure	_			[Electronically I	Filed] D	ate 01	/ DDD / Y Y Y Y Y 2014
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							FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

PAGE 2/7

Write or Type Committee Name

RIPPEON FOR CONGRESS INC

2013 10 12 31 01 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 0.00 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 500.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 95600.00 Schedule C and/or Schedule D).....

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)

PAGE 3 / 7

Write or Type Committee Name

RIPPEON FOR CONGRESS INC

Report Covering the Period: From: 10 / 01 / 2013 To: 12 / 31 / 2013

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
1. CONTR	BUTIONS (other than loans) FROM:			
` '	ividuals/Persons Other Than itical Committees			
(i)	Itemized (use Schedule A)	0.00	0.00	
. ,	Unitemized TOTAL of contributions	0.00	0.00	
. ,	from individuals	0.00	0.00	
	itical Party Committees	0.00	0.00	
, ,	ch as PACs)	0.00	0.00	
(e) TO	e Candidate	0.00	0.00	
	ner than loans) d Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
	FERS FROM OTHER RIZED COMMITTEES	0.00	0.00	
3. LOANS:				
	de or Guaranteed by the	0.00	0.00	
` '	Other Loans	0.00	0.00	
. ,	TAL LOANS d Lines 13(a) and (b))	0.00	0.00	
	'S TO OPERATING			
	DITURES s, Rebates, etc.)	0.00	0.00	
	RECEIPTS ds, Interest, etc.)	0.00	0.00	
11(e), 12	RECEIPTS (add Lines 2, 13(c), 14, and 15) otal to Line 24, page 4)	0.00	0.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

ırsements

PAGE 4 / 7

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	0.00
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
	(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
<u> </u>	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	0.00
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	500.00	
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)			0.00
25.	SUBTOTAL (add Line 23 and Line 24)		500.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
27.	27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s)

FOR LINE NUMBER: (check only one)

PAGE

5 OF

for each category of the **X** 13a Detailed Summary Page 13b Transaction ID: SC/10.4113 NAME OF COMMITTEE (In Full) RIPPEON FOR CONGRESS INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary **BRANDON ORMAN RIPPEON** General Mailing Address Other (specify) \blacktriangledown 5257 BUCKEYSTOWN PIKE #297 State ZIP Code City MD 21704 **FREDERICK** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 47500.00 3900.00 43600.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 13^D ^M 04 2011 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 43600.00 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

FOR LINE NUMBER: (check only one)

PAGE

	1
X	13a
	13b

Detailed Summary Page Transaction ID: SC/10.4221 NAME OF COMMITTEE (In Full) RIPPEON FOR CONGRESS INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary **BRANDON ORMAN RIPPEON** General Mailing Address Other (specify) \blacktriangledown 5257 BUCKEYSTOWN PIKE #297 State ZIP Code City MD 21704 **FREDERICK** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 ^M 02^M Ž012 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 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

FOR LINE NUMBER: (check only one)

PAGE

	il.
X	13a
	13b

Detailed Summary Page Transaction ID: SC/10.4224 NAME OF COMMITTEE (In Full) RIPPEON FOR CONGRESS INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary **BRANDON ORMAN RIPPEON** General Mailing Address Other (specify) \blacktriangledown 5257 BUCKEYSTOWN PIKE #297 State ZIP Code City MD 21704 **FREDERICK** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 47000.00 0.00 47000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 ^M 03^M Ž012 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 47000.00 TOTALS This Period (last page in this line only) 95600.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.