

# 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

Headrick for Congress

ADDRESS (number and street) ▼

P.O. Box 218

Check if different than previously reported. (ACC)

Maynardville

TN

37807-0218

2. **FEC IDENTIFICATION NUMBER** ▼

C C00559062

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

TN

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 11 / 04 / 2014 in the State of TN

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

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

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

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 Detlef Matt

Signature of Treasurer

Detlef Matt

[Electronically Filed]

Date

02 / 01 / 2015

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  
**Headrick 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))....	18856.00	127867.99
(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)).....	18856.00	127867.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	32863.45	71194.89
(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)).....	32863.45	71194.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	56673.10	
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).....	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

**Headrick for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12350.00	83693.15
(ii) Unitemized.....	3900.00	30696.21
(iii) TOTAL of contributions from individuals ▶	16250.00	114389.36
(b) Political Party Committees.....	2606.00	9823.00
(c) Other Political Committees (such as PACs).....	0.00	400.00
(d) The Candidate.....	0.00	3255.63
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18856.00	127867.99
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<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>	18856.00	127867.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32863.45	71194.89
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	32863.45	71194.89

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	70680.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18856.00
25. SUBTOTAL (add Line 23 and Line 24).....	89536.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32863.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	56673.10

**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 36
	<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)  
**Headrick for Congress**

**A. Anonymous Campaign D Anonymous Campaign Donations**

Full Name (Last, First, Middle Initial)  
Anonymous Campaign D Anonymous Campaign Donations

Mailing Address P.O. BOX 218

City State Zip Code  
Maynardville TN 37807

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
n/a n/a

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5456**

Amount of Each Receipt this Period  
  
 T-Shirt/Bumper Sticker Sales

**B. Anonymous Campaign D Anonymous Campaign Donations**

Full Name (Last, First, Middle Initial)  
Anonymous Campaign D Anonymous Campaign Donations

Mailing Address P.O. BOX 218

City State Zip Code  
Maynardville TN 37807

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
n/a n/a

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5565**

Amount of Each Receipt this Period  
  
 Redesignate: T-Shirt/Bumper Sticker Sales  
**[MEMO ITEM]**

**C. Anonymous Campaign D Anonymous Campaign Donations**

Full Name (Last, First, Middle Initial)  
Anonymous Campaign D Anonymous Campaign Donations

Mailing Address P.O. BOX 218

City State Zip Code  
Maynardville TN 37807

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
n/a n/a

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5566**

Amount of Each Receipt this Period  
  
 Redesignate: Anonymous Campaign Donations T-Shirt/Bumper Sticker Sales  
**[MEMO ITEM]**

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

**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: PAGE 6 OF 36  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel Auda**

Mailing Address P.O. BOX 15367

City State Zip Code  
Chattanooga TN 37415

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11AI.5351**

Amount of Each Receipt this Period  
 Campaign Donation 200.00

**B.** Full Name (Last, First, Middle Initial)  
**Frederick Barry**

Mailing Address 122 Barrington Dr

City State Zip Code  
Oak Ridge TN 37830-7669

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

Name of Employer Occupation  
None Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.5357**

Amount of Each Receipt this Period  
 Campaign Donation 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Allen Boyd**

Mailing Address 1206 Ingleside Ave NE

City State Zip Code  
Athens TN 37303

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.5362**

Amount of Each Receipt this Period  
 Campaign Donation 100.00

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

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

500.00

**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 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lucille Boyd**

Mailing Address 1206 Ingleside Ave NE

City Athens	State TN	Zip Code 37303
----------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.5363**

Amount of Each Receipt this Period  
 100.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**John Brooks**

Mailing Address 4808 Alabama

City Chattanooga	State TN	Zip Code 37409
---------------------	-------------	-------------------

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

Name of Employer Requested	Occupation Requested
-------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.5556**

Amount of Each Receipt this Period  
 250.00

In-kind - for Markco Printing

**C.** Full Name (Last, First, Middle Initial)  
**William Cox**

Mailing Address 2227 Bay Pointe Dr

City Hixson	State TN	Zip Code 37343
----------------	-------------	-------------------

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

Name of Employer Requested	Occupation Requested
-------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.5370**

Amount of Each Receipt this Period  
 300.00

Campaign Donation

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

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

650.00

**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 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Judith Davis**

Mailing Address P.O. BOX 1282

City Athens State TN Zip Code 37371

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

Name of Employer None Occupation Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : SA11AI.5372**

Amount of Each Receipt this Period  
100.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Sally Faulkner**

Mailing Address 108 Sumach St

City Lookout Mountain State TN Zip Code 37350

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : SA11AI.5306**

Amount of Each Receipt this Period  
1000.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Penny Gharanfoli**

Mailing Address 3409 Audobon Dr

City Chattanooga State TN Zip Code 37411

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11AI.5387**

Amount of Each Receipt this Period  
200.00

Campaign Donation

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

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

1300.00



**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 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jane Guthrie**

Mailing Address 2554 Crestwood Dr

City State Zip Code  
Chattanooga TN 37415

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11AI.5388**

Amount of Each Receipt this Period  
250.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Joan Hamner**

Mailing Address 200 Manufacturers Rd, Apt 515

City State Zip Code  
Chattanooga TN 37405

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 12 / 2014

**Transaction ID : SA11AI.5392**

Amount of Each Receipt this Period  
300.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**David Harris**

Mailing Address 2710 Kell Rd

City State Zip Code  
Signal Mountain TN 37377

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

Name of Employer Occupation  
Requested Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 07 / 2014

**Transaction ID : SA11AI.5393**

Amount of Each Receipt this Period  
500.00

Campaign Donation

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

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

1050.00

**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 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Forestine Haynes**

Mailing Address 4909 N Moore Ln

City State Zip Code  
Chattanooga TN 37411

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**310.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.5395**

Amount of Each Receipt this Period  
**60.00**

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Steven Hollingsworth**

Mailing Address 14 N. Lynncrest Dr

City State Zip Code  
Chattanooga TN 37411

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

Name of Employer Occupation  
Requested Information Requested Information

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11AI.5399**

Amount of Each Receipt this Period  
**150.00**

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Ralph Hubbard**

Mailing Address 280 Hackworth

City State Zip Code  
Clinton TN 37716

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

Name of Employer Occupation  
Self-Employed Computer Analyst/Web Servicer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4120.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.5400**

Amount of Each Receipt this Period  
**1000.00**

Campaign Donation

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

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

**1210.00**

**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 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Mills**

Mailing Address 1103 Fleetwood Dr

City State Zip Code  
Lookout Mountain GA 30750

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

Name of Employer Occupation  
Pantheon Capital Investment Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11AI.5303**

Amount of Each Receipt this Period  
2600.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Sarah Mills**

Mailing Address 554 Whitehall Rd, Unit 110

City State Zip Code  
Chattanooga TN 37405

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

Name of Employer Occupation  
Requested Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11AI.5416**

Amount of Each Receipt this Period  
300.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**L Thomas Montague**

Mailing Address 500 Fort Wood Pl

City State Zip Code  
Chattanooga TN 37403

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

Name of Employer Occupation  
Self None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2014

**Transaction ID : SA11AI.5418**

Amount of Each Receipt this Period  
250.00

Campaign Donation

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

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

3150.00

**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 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy Munro**

Mailing Address 1351 Tuskegee Dr

City State Zip Code  
Oak Ridge TN 37830

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

Name of Employer Occupation  
Self-Employed Physiologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : SA11AI.5422**

Amount of Each Receipt this Period  
 Campaign Donation  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jerry Ogle**

Mailing Address 134 Oliver Dr

City State Zip Code  
Madisonville TN 37354

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.5426**

Amount of Each Receipt this Period  
 Campaign Donation  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jerry Ogle**

Mailing Address 134 Oliver Dr

City State Zip Code  
Madisonville TN 37354

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.5427**

Amount of Each Receipt this Period  
 Campaign Donation  
**25.00**

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

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

**225.00**

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

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

FOR LINE NUMBER: PAGE 13 OF 36  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Paden**

Mailing Address 406 Barrington Rd

City State Zip Code  
Signal Mountain TN 37377

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

Name of Employer Occupation  
TN Dept of Labor Compliance Safety & Health Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 07 2014

**Transaction ID : SA11AI.5432**

Amount of Each Receipt this Period  
500.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Linda Patrick**

Mailing Address 167 Brook Hollow Dr SE

City State Zip Code  
Cleveland TN 37323

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
527.32

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 11 2014

**Transaction ID : SA11AI.5434**

Amount of Each Receipt this Period  
250.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Nenad Pervan**

Mailing Address 1339 26th St, #3

City State Zip Code  
Santa Monica CA 90404

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

Name of Employer Occupation  
Loyola Marymount University Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 01 2014

**Transaction ID : SA11AI.5302**

Amount of Each Receipt this Period  
300.00

Campaign Donation

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

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

1050.00

**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 14 OF 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ken Rule**

Mailing Address 2825 Keller Bend Rd

City Knoxville State TN Zip Code 37922

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

Name of Employer UTK Medical Center Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : SA11AI.5442**

Amount of Each Receipt this Period  
250.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Patra Rule**

Mailing Address 2825 Keller Bend Rd

City Knoxville State TN Zip Code 37922

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

Name of Employer UTK Medical Center Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : SA11AI.5444**

Amount of Each Receipt this Period  
250.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Robert Shepard**

Mailing Address 4403 Montview Dr

City Chattanooga State TN Zip Code 37411

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.5446**

Amount of Each Receipt this Period  
200.00

Campaign Donation

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

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

700.00

**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 15 OF 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Stocks**

Mailing Address 158 Whippoorwill Dr

City State Zip Code  
Oak Ridge TN 37830-8645

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11AI.5449**

Amount of Each Receipt this Period  
200.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Evette Strickland**

Mailing Address 1775 Delano Rd

City State Zip Code  
Delano TN 37325

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11AI.5450**

Amount of Each Receipt this Period  
100.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Bill Taylor**

Mailing Address 9328 Bill Reed Rd

City State Zip Code  
Ooltewah TN 37363

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11AI.5317**

Amount of Each Receipt this Period  
1500.00

Campaign Donation

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

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

1800.00

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

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

FOR LINE NUMBER: PAGE 16 OF 36  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Linda Trien**

Mailing Address 104 Capital Cir

City State Zip Code  
Oak Ridge TN 37830

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
509.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2014

**Transaction ID : SA11AI.5321**

Amount of Each Receipt this Period  
 Campaign Donation 200.00

**B.** Full Name (Last, First, Middle Initial)  
**James Webster**

Mailing Address 606 Signal Mountain Blvd

City State Zip Code  
Signal Mountain TN 37377

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

Name of Employer Occupation  
Continental Film Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.5459**

Amount of Each Receipt this Period  
 Campaign Donation 150.00

**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).....

350.00

12350.00



**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 17 OF 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anderson County Democratic Party**

Mailing Address 280 Hackworth Ln

City Clinton State TN Zip Code 37716

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : SA11B.5471**

Amount of Each Receipt this Period  
 Campaign Donation 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Roane County Democratic Party**

Mailing Address 200 Brashears Rd

City Harriman State TN Zip Code 37748

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11B.5477**

Amount of Each Receipt this Period  
 Campaign Donation 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Roane County Democratic Party**

Mailing Address 200 Brashears Rd

City Harriman State TN Zip Code 37748

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11B.5479**

Amount of Each Receipt this Period  
 Campaign Donation 100.00

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

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

1600.00

**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 18 OF 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TN Federation of Democratic Women**

Mailing Address 5427 Ramer Selmer Rd

City Selmer State TN Zip Code 38375

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11B.5473**

Amount of Each Receipt this Period  
550.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Union County Democratic Party**

Mailing Address 250 Shirley Ann Ln

City Maynardville State TN Zip Code 37807

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
456.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2014

**Transaction ID : SA11B.5475**

Amount of Each Receipt this Period  
456.00

Campaign Donation

**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).....

1006.00

2606.00

**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 19 OF 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Mary M Headrick**

Mailing Address P.O. BOX 218

City: Maynardville State: TN Zip Code: 37807-0218

FEC ID number of contributing federal political committee: **C H2TN03144**

Name of Employer: None Occupation: Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **4652.43**

Date of Receipt: 10 / 01 / 2014

**Transaction ID : SA11D.5294**

Amount of Each Receipt this Period: 0.00

In-kind - Zoo Printing Mailer Ads-redesignated

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Mary M Headrick**

Mailing Address P.O. BOX 218

City: Maynardville State: TN Zip Code: 37807-0218

FEC ID number of contributing federal political committee: **C H2TN03144**

Name of Employer: None Occupation: Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **4652.43**

Date of Receipt: 10 / 02 / 2014

**Transaction ID : SA11D.5292**

Amount of Each Receipt this Period: 0.00

In-kind - Cumulus Radio Ads-redesignated

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Mary M Headrick**

Mailing Address P.O. BOX 218

City: Maynardville State: TN Zip Code: 37807-0218

FEC ID number of contributing federal political committee: **C H2TN03144**

Name of Employer: None Occupation: Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **4652.43**

Date of Receipt: 10 / 04 / 2014

**Transaction ID : SA11D.5546**

Amount of Each Receipt this Period: 0.00

In-kind - Oct/Nov Rent-redesignated

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

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

0.00

**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 20 OF 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Mary M Headrick**

Mailing Address P.O. BOX 218

City: Maynardville State: TN Zip Code: 37807-0218

FEC ID number of contributing federal political committee: **C H2TN03144**

Name of Employer: None Occupation: Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **4652.43**

Date of Receipt: 10 / 06 / 2014

**Transaction ID : SA11D.5344**

Amount of Each Receipt this Period: 0.00

Mailer Two Cards-redesignated

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Mary M Headrick**

Mailing Address P.O. BOX 218

City: Maynardville State: TN Zip Code: 37807-0218

FEC ID number of contributing federal political committee: **C H2TN03144**

Name of Employer: None Occupation: Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **4652.43**

Date of Receipt: 10 / 06 / 2014

**Transaction ID : SA11D.5347**

Amount of Each Receipt this Period: 0.00

Actual Postage-redesignated (goes to Zoo Printing)

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Mary M Headrick**

Mailing Address P.O. BOX 218

City: Maynardville State: TN Zip Code: 37807-0218

FEC ID number of contributing federal political committee: **C H2TN03144**

Name of Employer: None Occupation: Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **4652.43**

Date of Receipt: 10 / 08 / 2014

**Transaction ID : SA11D.5345**

Amount of Each Receipt this Period: 0.00

Comcast TV Time-redesignated

**[MEMO ITEM]**

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

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

0.00

**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 21 OF 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Mary M Headrick**

Mailing Address P.O. BOX 218

City Maynardville State TN Zip Code 37807-0218

FEC ID number of contributing federal political committee. **C H2TN03144**

Name of Employer None Occupation Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4652.43**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11D.5547**

Amount of Each Receipt this Period  
 0.00

In-kind - Mailer 3 Cards for Zoo Printing-redisgnated

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Mary M Headrick**

Mailing Address P.O. BOX 218

City Maynardville State TN Zip Code 37807-0218

FEC ID number of contributing federal political committee. **C H2TN03144**

Name of Employer None Occupation Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4652.43**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11D.5346**

Amount of Each Receipt this Period  
 0.00

Early Voting Robocalls-redesignated

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Mary M Headrick**

Mailing Address P.O. BOX 218

City Maynardville State TN Zip Code 37807-0218

FEC ID number of contributing federal political committee. **C H2TN03144**

Name of Employer None Occupation Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4652.43**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11D.5549**

Amount of Each Receipt this Period  
 0.00

In-kind - Amount not paid back redesignated to later donation

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

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

0.00

**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 22 OF 36
	<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)  
**Headrick for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Mary M Headrick**

Mailing Address P.O. BOX 218

City Maynardville State TN Zip Code 37807-0218

FEC ID number of contributing federal political committee. **C H2TN03144**

Name of Employer None Occupation Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4652.43**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11D.5348**

Amount of Each Receipt this Period  
 0.00

Printing Mailer 4-redesignated

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Mary M Headrick**

Mailing Address P.O. BOX 218

City Maynardville State TN Zip Code 37807-0218

FEC ID number of contributing federal political committee. **C H2TN03144**

Name of Employer None Occupation Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4652.43**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11D.5550**

Amount of Each Receipt this Period  
 0.00

In-kind - Amount not paid back to be determined

**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).....

0.00

0.00

**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 23 OF 36			
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. John Brooks</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 4808 Alabama			Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.5560</b>
City Chattanooga	State TN	Zip Code 37409	
Purpose of Disbursement In-kind - for Markco Printing		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>B. Chattanooga News Chronicle</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 611 E Martin Luther King Blvd			Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.5515</b>
City Chattanooga	State TN	Zip Code 37807	
Purpose of Disbursement Newspaper Ad, 10/6 Week Advertorial		Candidate Name <b>Headrick for Congress</b>	Category/ Type 004
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: TN District: 03	

Full Name (Last, First, Middle Initial) <b>c. Ashley Collins</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 6117 Nottingham Dr			Amount of Each Disbursement this Period 2280.00 <b>Transaction ID : SB17.5537</b>
City East Ridge	State TN	Zip Code 37412	
Purpose of Disbursement Volunteer Coordinator		Candidate Name <b>Headrick for Congress</b>	Category/ Type 001
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: TN District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2830.00
<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 24 OF 36	
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ashley Collins</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 6117 Nottingham Dr		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.5559</b>
City East Ridge	State TN	
Zip Code 37412	Purpose of Disbursement In-kind - for Markco Printing	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Pat Combs</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 502 Lullwater Rd		Amount of Each Disbursement this Period 305.00 <b>Transaction ID : SB17.5538</b>
City Chattanooga	State TN	
Zip Code 37405	Purpose of Disbursement Phoning Services	Category/ Type 001
Candidate Name <b>Headrick for Congress</b>	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	
State: TN District: 03	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Hamilton County Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 4300 N Access Rd		Amount of Each Disbursement this Period 360.00 <b>Transaction ID : SB17.5539</b>
City Chattanooga	State TN	
Zip Code 37415	Purpose of Disbursement HCDP Kefauver Dinner (6 Tickets)	Category/ Type 001
Candidate Name <b>Headrick for Congress</b>	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	
State: TN District: 03	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	765.00
<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 25 OF 36	
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Zoo Printing Mailer Ads-redesgnated	Transaction ID : SB17.5296
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)	[MEMO ITEM]
State: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Zoo Printing Mailer Postage-redesgnated	Transaction ID : SB17.5329
Candidate Name <b>Headrick for Congress</b>	Category/ Type 004	
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: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Zoo Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 5700 Bandini Blvd		Amount of Each Disbursement this Period 9860.00
City Commerce	State CA	
Zip Code 90040	Purpose of Disbursement Zoo Printing Mailer Postage	Transaction ID : SB17.5329.0
Candidate Name <b>Headrick for Congress</b>	Category/ Type 004	
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)	[MEMO ITEM]
State: TN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 26 OF 36			
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00
City Maynardville	State TN	
Purpose of Disbursement In-kind - Cumulus Radio Ads-redesignated		Transaction ID : <b>SB17.5293</b>
Candidate Name <b>Headrick for Congress</b>		
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)	[MEMO ITEM]
State: TN District: 03		

Full Name (Last, First, Middle Initial) <b>B. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00
City Maynardville	State TN	
Purpose of Disbursement Cumulus Radio Ads-redesignated		Transaction ID : <b>SB17.5328</b>
Candidate Name <b>Headrick for Congress</b>		
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)	[MEMO ITEM]
State: TN District: 03		

Full Name (Last, First, Middle Initial) <b>c. Cumulus Radio</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2014
Mailing Address 821 Pineville Rd		Amount of Each Disbursement this Period 210.00
City Chattanooga	State TN	
Purpose of Disbursement Cumulus Radio Ads		Transaction ID : <b>SB17.5328.0</b>
Candidate Name <b>Headrick for Congress</b>		
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)	[MEMO ITEM]
State: TN District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 27 OF 36	
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.5555</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Oct/Nov Rent-redesignated	Category/ Type
Candidate Name	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: TN District: 03	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.5489</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Zoo Printing Mailer redesignated	Category/ Type 004
Candidate Name <b>Headrick for Congress</b>	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: TN District: 03	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>c. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.5492</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Zoo Printing Mailer 2 Cards-redesignated	Category/ Type 004
Candidate Name <b>Headrick for Congress</b>	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: TN District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 28 OF 36	
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. Zoo Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 5700 Bandini Blvd		Amount of Each Disbursement this Period 1878.54
City Commerce State CA Zip Code 90040	Purpose of Disbursement Zoo Printing Mailer 2 Cards 004 Category/Type	
Candidate Name <b>Headrick for Congress</b>		Transaction ID : SB17.5492.0 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00
City Maynardville State TN Zip Code 37807-0218	Purpose of Disbursement Comcast TV Time-redesignated 004 Category/Type	
Candidate Name <b>Headrick for Congress</b>		Transaction ID : SB17.5502 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00
City Maynardville State TN Zip Code 37807-0218	Purpose of Disbursement Zoo Printing Actual Postage-redesignated 001 Category/Type	
Candidate Name <b>Headrick for Congress</b>		Transaction ID : SB17.5507 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 29 OF 36			
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.5496</b>
City Maynardville	State TN	
Purpose of Disbursement Comcast TV Time-redesignated		Category/ Type 004
Candidate Name <b>Headrick for Congress</b>		
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: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Comcast TV</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2014
Mailing Address 2030 Hamilton Pl Blvd Suite 300		Amount of Each Disbursement this Period 799.00 <b>Transaction ID : SB17.5496.0</b> <b>[MEMO ITEM]</b>
City Chattanooga	State TN	
Purpose of Disbursement TV Time		Category/ Type 004
Candidate Name <b>Headrick for Congress</b>		
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: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.5514</b> <b>[MEMO ITEM]</b>
City Maynardville	State TN	
Purpose of Disbursement Comcast TV Time-redesignated		Category/ Type 004
Candidate Name <b>Headrick for Congress</b>		
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: TN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 30 OF 36	
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.5554</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - Mailer 3 Cards for Zoo Printing-redesignated		Category/ Type
Candidate Name		
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: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.5509</b>
City Maynardville	State TN	
Purpose of Disbursement Zoo Printing Actual Postage-redesignated		Category/ Type 001
Candidate Name <b>Headrick for Congress</b>		
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: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Zoo Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address 5700 Bandini Blvd		Amount of Each Disbursement this Period 11937.07 <b>Transaction ID : SB17.5509.0</b> <b>[MEMO ITEM]</b>
City Commerce	State CA	
Purpose of Disbursement Actual Postage for Zoo Printing		Category/ Type 001
Candidate Name <b>Headrick for Congress</b>		
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: TN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 31 OF 36			
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.5512</b>
City Maynardville	State TN	
Purpose of Disbursement Printing Mailer 4 redesignated		Category/ Type 004
Candidate Name <b>Headrick for Congress</b>		
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: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Zoo Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address 5700 Bandini Blvd		Amount of Each Disbursement this Period 4068.29 <b>Transaction ID : SB17.5512.0</b> <b>[MEMO ITEM]</b>
City Commerce	State CA	
Purpose of Disbursement Printing Mailer 4		Category/ Type 004
Candidate Name <b>Headrick for Congress</b>		
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: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.5504</b> <b>[MEMO ITEM]</b>
City Maynardville	State TN	
Purpose of Disbursement NGP VAN Early Vote Robocalls-redesgnated		Category/ Type 004
Candidate Name <b>Headrick for Congress</b>		
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: TN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 32 OF 36		
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00
City Maynardville	State TN	Zip Code 37807-0218
Purpose of Disbursement NGP VAN Early Vote Robocalls-redesgnated	Category/ Type 004	
Candidate Name <b>Headrick for Congress</b>	Transaction ID : SB17.5505	
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: TN District: 03		

Full Name (Last, First, Middle Initial) <b>B. NGP VAN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 48 Grove St, Suite 202		Amount of Each Disbursement this Period 1050.59
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Early Vote Robocalls	Category/ Type 004	
Candidate Name <b>Headrick for Congress</b>	Transaction ID : SB17.5505.0	
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: TN District: 03	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00
City Maynardville	State TN	Zip Code 37807-0218
Purpose of Disbursement In-kind - Amount not paid back redesignated to later donation	Category/ Type	
Candidate Name	Transaction ID : SB17.5552	
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: TN District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 33 OF 36	
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00
City Maynardville	State TN	Zip Code 37807-0218
Purpose of Disbursement Postage 3 to zoo printing-redesignated	Category/ Type 001	
Candidate Name <b>Headrick for Congress</b>	Transaction ID : SB17.5711	
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: TN District: 03	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00
City Maynardville	State TN	Zip Code 37807-0218
Purpose of Disbursement Printing Mailer 4 with Zoo Printing-redesignated	Category/ Type 004	
Candidate Name <b>Headrick for Congress</b>	Transaction ID : SB17.5511	
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: TN District: 03	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00
City Maynardville	State TN	Zip Code 37807-0218
Purpose of Disbursement In-kind - Amount not paid back to be determined	Category/ Type	
Candidate Name	Transaction ID : SB17.5551	
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: TN District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 34 OF 36			
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. River Hills Manor</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address 2627 Hixson Pike		Amount of Each Disbursement this Period 779.49 <b>Transaction ID : SB17.5759</b>
City Chattanooga	State TN	
Purpose of Disbursement rent campaign headquarters apt 217		Category/ Type 001
Candidate Name <b>Headrick for Congress</b>		
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: TN District: 03		

Full Name (Last, First, Middle Initial) <b>B. WLAF</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 210 N 5th St		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.5543</b>
City LaFollette	State TN	
Purpose of Disbursement TV & Radio Ads		Category/ Type 004
Candidate Name <b>Headrick for Congress</b>		
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: TN District: 03		

Full Name (Last, First, Middle Initial) <b>C. WRCB-TV</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 900 Whitehall Rd		Amount of Each Disbursement this Period 792.00 <b>Transaction ID : SB17.5540</b>
City Chattanooga	State TN	
Purpose of Disbursement WRCB-TV Ad Time		Category/ Type 004
Candidate Name <b>Headrick for Congress</b>		
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: TN District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2021.49
<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 35 OF 36			
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. WVLT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 6450 Papermill Rd		Amount of Each Disbursement this Period 765.00 <b>Transaction ID : SB17.5542</b>
City Knoxville	State TN	
Purpose of Disbursement TV WVLT 8 Ad		Category/ Type 004
Candidate Name <b>Headrick for Congress</b>		
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: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Zoo Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 5700 Bandini Blvd		Amount of Each Disbursement this Period 2975.07 <b>Transaction ID : SB17.5760</b>
City Commerce	State CA	
Purpose of Disbursement printing mailer		Category/ Type 004
Candidate Name <b>Headrick for Congress</b>		
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: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Zoo Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 5700 Bandini Blvd		Amount of Each Disbursement this Period 18192.55 <b>Transaction ID : SB17.5705</b>
City Commerce	State CA	
Purpose of Disbursement Postage 3		Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21932.62
<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 36 OF 36		
	<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)  
**Headrick for Congress**

Full Name (Last, First, Middle Initial) <b>A. Zoo Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 5700 Bandini Blvd		Amount of Each Disbursement this Period 5246.34
City Commerce State CA Zip Code 90040	Purpose of Disbursement printing mailer zoo printing	
Candidate Name <b>Headrick for Congress</b>		Transaction ID : SB17.5761
Office Sought: <input checked="" 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: TN District: 03	Category/Type 004	

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	
Candidate Name		Category/Type
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	
Candidate Name		Category/Type
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).....	5246.34
<b>TOTAL</b> This Period (last page this line number only).....	32795.45