

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Mary M Headrick

Signature of Treasurer Dr. Mary M Headrick

[Electronically Filed]

Date

/ /

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

Office Use Only								
-----------------	--	--	--	--	--	--	--	--

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))....	50.00	143067.34
(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)).....	50.00	143067.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4022.99	142635.17
(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)).....	4022.99	142635.17
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-468.77	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	5121.01	

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: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	90888.15
(ii) Unitemized.....	50.00	33091.21
(iii) TOTAL of contributions from individuals ▶	50.00	123979.36
(b) Political Party Committees.....	0.00	4253.00
(c) Other Political Committees (such as PACs).....	0.00	3150.00
(d) The Candidate.....	0.00	11684.98
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	50.00	143067.34
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	4021.01	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	4021.01	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4071.01	143067.34

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4022.99	142635.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4022.99	142635.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-516.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4071.01
25. SUBTOTAL (add Line 23 and Line 24).....	3554.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4022.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-468.77

**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 11
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
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
5129.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
1 1	/	3 0	/	2 0 1 4

Transaction ID : SA13A.6395

Amount of Each Receipt this Period

4 0 2 1 . 0 1

 charges to am ex for NGPVAN,ComCast,ZooPrinting paid,ORNLcheck3745

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 M	/	D D D	/	Y Y 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 M	/	D D D	/	Y Y 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).....

4 0 2 1 . 0 1
4 0 2 1 . 0 1

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Headrick for Congress

Full Name (Last, First, Middle Initial) A. Comcast TV		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014
Mailing Address 2030 Hamilton Pl Blvd Suite 300		Amount of Each Disbursement this Period 1195.10 Transaction ID : SB17.6392
City Chattanooga State TN Zip Code 37421	Purpose of Disbursement charge paid by headrick 004 Category/Type	
Candidate Name Headrick for Congress	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 Other (specify)	
State: TN District: 03		

Full Name (Last, First, Middle Initial) B. NGP VAN		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014
Mailing Address 48 Grove St, Suite 202		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.6390
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement charge paid by headrick 004 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 Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014
Mailing Address 48 Grove St, Suite 202		Amount of Each Disbursement this Period 1316.37 Transaction ID : SB17.6391
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement charge paid by headrick 004 Category/Type	
Candidate Name Headrick for Congress	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 Other (specify)	
State: TN District: 03		

SUBTOTAL of Disbursements This Page (optional).....	2811.47
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Headrick for Congress

Full Name (Last, First, Middle Initial) A. Zoo Printing		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014
Mailing Address 5700 Bandini Blvd		Amount of Each Disbursement this Period 1037.16 Transaction ID : SB17.6387
City Commerce State CA Zip Code 90040	Purpose of Disbursement AmEx charge balance paid by Headrick, Category/Type 004	
Candidate Name Headrick for Congress	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 Other (specify)	
State: TN District: 03		

Full Name (Last, First, Middle Initial) B. Zoo Printing		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014
Mailing Address 5700 Bandini Blvd		Amount of Each Disbursement this Period 40.35 Transaction ID : SB17.6388
City Commerce State CA Zip Code 90040	Purpose of Disbursement Am Ex charge paid by headrick, Category/Type 004	
Candidate Name Headrick for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: TN District: 03		

Full Name (Last, First, Middle Initial) c. Zoo Printing		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014
Mailing Address 5700 Bandini Blvd		Amount of Each Disbursement this Period 132.03 Transaction ID : SB17.6389
City Commerce State CA Zip Code 90040	Purpose of Disbursement charge paid by headrick, Category/Type 004	
Candidate Name Headrick for Congress	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 Other (specify)	
State: TN District: 03		

SUBTOTAL of Disbursements This Page (optional).....	1209.54
TOTAL This Period (last page this line number only).....	4021.01

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Headrick for Congress** Transaction ID : **SC/10.6302**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Dr. Mary M Headrick** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 218

City State ZIP Code
Maynardville TN 37807-0218

Original Amount of Loan 1100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1100.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred M 11 / D 12 / Y 2014	Date Due M M / D D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <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)	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).....	▶	[] 1100.00
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) **Headrick for Congress** Transaction ID : **SC/10.6395**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Dr. Mary M Headrick** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 218

City State ZIP Code
Maynardville TN 37807-0218

Original Amount of Loan 4021.01	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4021.01
------------------------------------	------------------------------------	--

TERMS

Date Incurred M 11 / D 30 / Y 2014	Date Due M M / D D / Y 7/31/2015	Interest Rate 0.00 % (apr)	Secured: <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)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="4021.01"/>
TOTALS This Period (last page in this line only).....	<input type="text" value="5121.01"/>

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Headrick for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Comcast TV

Nature of Debt (Purpose):
Comcast TV ad time,am ex charge

Mailing Address 2030 Hamilton PI Blvd Suite 300

City State Zip Code
Chattanooga TN 37421

Outstanding Balance Beginning This Period

1195.10

Transaction ID : SD10.6037

Amount Incurred This Period

0.00

Payment This Period

1195.10

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NGP VAN

Nature of Debt (Purpose):
robocalls,NGPVAN,amex charge

Mailing Address 48 Grove St, Suite 202

City State Zip Code
Somerville MA 02144-3132

Outstanding Balance Beginning This Period

300.00

Transaction ID : SD10.6035

Amount Incurred This Period

0.00

Payment This Period

300.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NGP VAN

Nature of Debt (Purpose):
robocalls,NPGVAN,charge to amex

Mailing Address 48 Grove St, Suite 202

City State Zip Code
Somerville MA 02144-3132

Outstanding Balance Beginning This Period

1316.37

Transaction ID : SD10.6036

Amount Incurred This Period

0.00

Payment This Period

1316.37

Outstanding Balance at Close of This Period

0.00

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Headrick for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Zoo Printing		Nature of Debt (Purpose): mailer printing post card mailer 4 ZooPrinting,amex charge
Mailing Address 5700 Bandini Blvd		
City State Commerce CA	Zip Code 90040	

Outstanding Balance Beginning This Period 1037.16		Transaction ID : SD10.6023	
Amount Incurred This Period 0.00	Payment This Period 1037.16	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Zoo Printing		Nature of Debt (Purpose): ship xtra cards,ZooPrinting,am ex charge
Mailing Address 5700 Bandini Blvd		
City State Commerce CA	Zip Code 90040	

Outstanding Balance Beginning This Period 40.35		Transaction ID : SD10.6031	
Amount Incurred This Period 0.00	Payment This Period 40.35	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Zoo Printing		Nature of Debt (Purpose): shipping post cards by ZooPrinting,amex charge
Mailing Address 5700 Bandini Blvd		
City State Commerce CA	Zip Code 90040	

Outstanding Balance Beginning This Period 132.03		Transaction ID : SD10.6033	
Amount Incurred This Period 0.00	Payment This Period 132.03	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	