

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
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
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 Mrs. Sunny Jewel Murray

Signature of Treasurer Mrs. Sunny Jewel Murray [Electronically Filed] Date 10 / 22 / 2014

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

Table with 8 columns and 1 row for Office Use Only. Includes FEC FORM 3 (Revised 02/2003) label.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Headrick for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

| | 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)).... | 5850.00 | 117841.99 |
| (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))..... | 5850.00 | 117841.99 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 10849.49 | 67391.46 |
| (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))..... | 10849.49 | 67391.46 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 50450.53 | |
| 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)..... | 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: / /

| 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)..... | 5600.00 | 78923.15 |
| (ii) Unitemized..... | 250.00 | 27046.21 |
| (iii) TOTAL of contributions from individuals ▶ | 5850.00 | 105969.36 |
| (b) Political Party Committees..... | 0.00 | 8217.00 |
| (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)).. | 5850.00 | 117841.99 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (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 |
| 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)..... ▶ | 5850.00 | 117841.99 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 10849.49 | 67391.46 |
| 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) ► | 10849.49 | 67391.46 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 55450.02 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 5850.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 61300.02 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 10849.49 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 50450.53 |

**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 10 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
Headrick for Congress

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

Mailing Address 108 Sumach St

City State Zip Code
Lookout Mountain TN 37350

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
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

B. 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

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).....

3900.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 10 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
Headrick for Congress

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

Mailing Address 9328 Bill Reed Rd

City Ooltewah State TN Zip Code 37363

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
1500.00

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

Transaction ID : SA11AI.5317

Amount of Each Receipt this Period
1500.00

Campaign Donation

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

Mailing Address 104 Capital Cir

City Oak Ridge State TN Zip Code 37830

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
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
200.00

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).....

1700.00

5600.00

**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 10 |
| | <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 | |

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 State Zip Code
Maynardville TN 37807-0218

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

Name of Employer Occupation
None 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 / 01 / 2014

Transaction ID : SA11D.5294

Amount of Each Receipt this Period
9860.00

In-kind - Zoo Printing Mailer Ads

[MEMO ITEM]

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

Mailing Address P.O. BOX 218

City State Zip Code
Maynardville TN 37807-0218

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

Name of Employer Occupation
None 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 / 02 / 2014

Transaction ID : SA11D.5292

Amount of Each Receipt this Period
210.00

In-kind - Cumulus Radio Ads

[MEMO ITEM]

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

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 8 OF 10 | |
| | <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. Dr. Mary M Headrick | | 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 9860.00 |
| City Maynardville | State TN | |
| Purpose of Disbursement In-kind - Zoo Printing Mailer Ads | | |
| 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) | |
| State: TN | District: 03 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Dr. Mary M Headrick | | 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 9860.00 |
| City Maynardville | State TN | |
| Purpose of Disbursement Repayment for Zoo Printing Mailer Postage | | |
| Candidate Name Headrick for Congress | | 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) c. Zoo Printing | | 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 | |
| Purpose of Disbursement Repayment to Candidate for Zoo Printing Mailer Postage | | |
| Candidate Name Headrick for Congress | | 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 | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 9860.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 10 |
| | <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. Dr. Mary M Headrick | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014 |
| Mailing Address P.O. BOX 218 | | Amount of Each Disbursement this Period 210.00 Transaction ID : SB17.5293 |
| City Maynardville | State TN | |
| Zip Code 37807-0218 | Purpose of Disbursement In-kind - Cumulus Radio Ads | 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 <input type="checkbox"/> Other (specify) | |
| State: TN | District: 03 | [MEMO ITEM] |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Dr. Mary M Headrick | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014 |
| Mailing Address P.O. BOX 218 | | Amount of Each Disbursement this Period 210.00 Transaction ID : SB17.5328 |
| City Maynardville | State TN | |
| Zip Code 37807-0218 | Purpose of Disbursement Repayment to Candidate for Cumulus Radio Ads | 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 <input type="checkbox"/> Other (specify) | |
| State: TN | District: 03 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Cumulus Radio | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014 |
| Mailing Address 821 Pineville Rd | | Amount of Each Disbursement this Period 210.00 Transaction ID : SB17.5328.0 |
| City Chattanooga | State TN | |
| Zip Code 37405 | Purpose of Disbursement Repayment to Candidate for Cumulus Radio Ads | 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 <input type="checkbox"/> Other (specify) | |
| State: TN | District: 03 | [MEMO ITEM] |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 210.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 10 OF 10 | |
| | <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. Dr. Mary M Headrick | | 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 779.49 |
| City Maynardville | State TN | |
| Zip Code 37807-0218 | | Transaction ID : SB17.5323 |
| Purpose of Disbursement River Hills Manor Oct/Nov Rent | Category/ Type 001 | |
| 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 <input type="checkbox"/> Other (specify) | |
| State: TN | District: 03 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | | |
| Purpose of Disbursement | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | | |
| Purpose of Disbursement | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

| | |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 779.49 |
| TOTAL This Period (last page this line number only)..... | 10849.49 |