

# 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

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 19 / 2014

through

M M / D D / Y Y Y Y  
09 / 30 / 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

M M / D D / Y Y Y Y  
12 / 16 / 2014

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

Office Use Only

FEC FORM 3  
(Revised 02/2003)

**SUMMARY PAGE**  
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 07 / 19 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 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))....	47006.04	110991.99
(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)).....	47006.04	110991.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	38473.59	56541.97
(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)).....	38473.59	56541.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	54450.02	
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).....	28798.15	73323.15
(ii) Unitemized.....	10590.89	26796.21
(iii) TOTAL of contributions from individuals ▶	39389.04	100119.36
(b) Political Party Committees.....	7217.00	7217.00
(c) Other Political Committees (such as PACs).....	400.00	400.00
(d) The Candidate.....	0.00	3255.63
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	47006.04	110991.99
<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>	47006.04	110991.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	38473.59	56541.97
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) ►	38473.59	56541.97

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	45917.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	47006.04
25. SUBTOTAL (add Line 23 and Line 24).....	92923.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	38473.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	54450.02

**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 66
	<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)  
**Daniel Auda**

Mailing Address P.O. BOX 15367

City: Chattanooga State: TN Zip Code: 37415

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: 250.00

Date of Receipt: 08 / 12 / 2014

**Transaction ID : SA11AI.4778**

Amount of Each Receipt this Period: 200.00

Campaign Donation

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

Mailing Address P.O. BOX 15367

City: Chattanooga State: TN Zip Code: 37415

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: 450.00

Date of Receipt: 09 / 05 / 2014

**Transaction ID : SA11AI.4779**

Amount of Each Receipt this Period: 200.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Nancy Bibler**

Mailing Address 905 Oak St

City: Chattanooga State: TN Zip Code: 37403

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: 250.00

Date of Receipt: 09 / 21 / 2014

**Transaction ID : SA11AI.4791**

Amount of Each Receipt this Period: 150.00

Campaign Donation

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

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

550.00

**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 66
	<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)  
**Tom Bibler**

Mailing Address 905 Oak St

City Chattanooga State TN Zip Code 37403

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 21 / 2014

**Transaction ID : SA11AI.4792**

Amount of Each Receipt this Period

Campaign Donation

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 20 / 2014

**Transaction ID : SA11AI.4796**

Amount of Each Receipt this Period

Campaign Donation

**C.** 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 20 / 2014

**Transaction ID : SA11AI.4797**

Amount of Each Receipt this Period

Campaign Donation

**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: (check only one)	PAGE 7 OF 66
	<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 Braski**

Mailing Address 273 Arrowhead Trl

City: Kingston State: TN Zip Code: 37763

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: 300.00

Date of Receipt: 09 / 01 / 2014

**Transaction ID : SA11AI.4800**

Amount of Each Receipt this Period: 100.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Lisa Carroll**

Mailing Address 4315 Hiawatha Dr

City: Knoxville State: TN Zip Code: 37919

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: 250.00

Date of Receipt: 09 / 28 / 2014

**Transaction ID : SA11AI.4816**

Amount of Each Receipt this Period: 250.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Alice Chitty**

Mailing Address 1418 Winding Way

City: Chattanooga State: TN Zip Code: 37405

FEC ID number of contributing federal political committee: C

Name of Employer: St. Nicholas School Occupation: Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 30 / 2014

**Transaction ID : SA11AI.4820**

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).....

1350.00

**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 66
	<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)  
**Alice Chitty**

Mailing Address 1418 Winding Way

City State Zip Code  
Chattanooga TN 37405

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

Name of Employer Occupation  
St. Nicholas School Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

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

**Transaction ID : SA11AI.4822**

Amount of Each Receipt this Period  
**1000.00**

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Pat Combs**

Mailing Address 502 Lullwater Rd

City State Zip Code  
Chattanooga TN 37405

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 12 / 2014**

**Transaction ID : SA11AI.4833**

Amount of Each Receipt this Period  
**85.93**

In-kind - Uline Hanger Bags for 8/25 Kickoff  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Pat Combs**

Mailing Address 502 Lullwater Rd

City State Zip Code  
Chattanooga TN 37405

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 14 / 2014**

**Transaction ID : SA11AI.4836**

Amount of Each Receipt this Period  
**100.00**

In-kind - City of Chattanooga Room Rental for 8/25 Kickoff  
**[MEMO ITEM]**

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

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

**1000.00**



**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 66
	<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)  
**Pat Combs**

Mailing Address 502 Lullwater Rd

City State Zip Code  
Chattanooga TN 37405

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  
**270.38**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 30 2014**

**Transaction ID : SA11AI.4829**

Amount of Each Receipt this Period  
**270.38**  
 In-kind - Facebook Boosting

**B.** Full Name (Last, First, Middle Initial)  
**Pat Combs**

Mailing Address 502 Lullwater Rd

City State Zip Code  
Chattanooga TN 37405

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  
**659.15**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 30 2014**

**Transaction ID : SA11AI.4832**

Amount of Each Receipt this Period  
**388.77**  
 In-kind - Mileage of 1495 miles at 26 center per mile

**C.** Full Name (Last, First, Middle Initial)  
**Pat Combs**

Mailing Address 502 Lullwater Rd

City State Zip Code  
Chattanooga TN 37405

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  
**659.15**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 30 2014**

**Transaction ID : SA11AI.4838**

Amount of Each Receipt this Period  
**65.28**  
 In-kind - Pizza Hut Catering for Phone Banking Event  
**[MEMO ITEM]**

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

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

**659.15**

**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 66
	<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)  
**Tom A. Dubose**

Mailing Address 1204 Hanover St

City State Zip Code  
Chattanooga TN 37405

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

Name of Employer Requested Information Occupation Requested Information

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.4857**

Amount of Each Receipt this Period  
250.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Jane Elmore**

Mailing Address 901 Oak St

City State Zip Code  
Chattanooga TN 37403

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

Name of Employer Requested Information Occupation Requested Information  
UTC Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
305.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 21 / 2014

**Transaction ID : SA11AI.4865**

Amount of Each Receipt this Period  
55.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Paul Goldenberg**

Mailing Address 1963 Tremin Rd

City State Zip Code  
La Habra Heights CA 90631

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

Name of Employer Requested Information Occupation Requested Information  
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  
 09 / 13 / 2014

**Transaction ID : SA11AI.4883**

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).....

1805.00

**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 66
	<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**

Full Name (Last, First, Middle Initial) <b>A. Joan Hamner</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2014	
Mailing Address 200 Manufacturers Rd, Apt 515		<b>Transaction ID : SA11AI.4889</b>	
City Chattanooga	State TN	Zip Code 37405	Amount of Each Receipt this Period Campaign Donation 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Joan Hamner</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 200 Manufacturers Rd, Apt 515		<b>Transaction ID : SA11AI.4890</b>	
City Chattanooga	State TN	Zip Code 37405	Amount of Each Receipt this Period Campaign Donation 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

Full Name (Last, First, Middle Initial) <b>C. Joan Hamner</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2014	
Mailing Address 200 Manufacturers Rd, Apt 515		<b>Transaction ID : SA11AI.4891</b>	
City Chattanooga	State TN	Zip Code 37405	Amount of Each Receipt this Period Campaign Donation 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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: (check only one)	PAGE 12 OF 66
	<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. Forestine Haynes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4909 N Moore Ln  
 City Chattanooga State TN Zip Code 37411  
 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 250.00

Date of Receipt 09 / 10 / 2014  
**Transaction ID : SA11AI.4894**  
 Amount of Each Receipt this Period 100.00  
 Campaign Donation

**B. Dr. Mary M Headrick**  
 Full Name (Last, First, Middle Initial)  
 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 2002.43

Date of Receipt 08 / 01 / 2014  
**Transaction ID : SA11AI.4895**  
 Amount of Each Receipt this Period 2854.53  
 In-kind - Political Strategy and Advisory Consultation Fee Advance  
**[MEMO ITEM]**

**C. Dr. Mary M Headrick**  
 Full Name (Last, First, Middle Initial)  
 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 2002.43

Date of Receipt 08 / 14 / 2014  
**Transaction ID : SA11AI.4900**  
 Amount of Each Receipt this Period 58.58  
 In-kind - USCellular Wifi Internet for 631  
**[MEMO ITEM]**

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

100.00

**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 13 OF 66
	<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)  
**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: **2002.43**

Date of Receipt: **08 / 25 / 2014**

**Transaction ID : SA11AI.4897**

Amount of Each Receipt this Period: **641.20**

In-kind - Political Strategy and Advisory Consultation Fee Advance  
**[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: **2002.43**

Date of Receipt: **08 / 25 / 2014**

**Transaction ID : SA11AI.4918**

Amount of Each Receipt this Period: **61.55**

In-kind - BiLo: Food for Kickoff  
**[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: **2002.43**

Date of Receipt: **08 / 26 / 2014**

**Transaction ID : SA11AI.4911**

Amount of Each Receipt this Period: **50.00**

In-kind - NGP VAN: Robocalls  
**[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 14 OF 66
	<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)  
**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: 2002.43

Date of Receipt: 08 / 27 / 2014

**Transaction ID : SA11AI.4898**

Amount of Each Receipt this Period: 79.50

In-kind - Megabus Travel

**[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: 2002.43

Date of Receipt: 08 / 27 / 2014

**Transaction ID : SA11AI.4899**

Amount of Each Receipt this Period: 305.63

In-kind - Sonic 10K Prints Order #38162

**[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: 2002.43

Date of Receipt: 08 / 28 / 2014

**Transaction ID : SA11AI.4901**

Amount of Each Receipt this Period: 50.24

In-kind - Office Depot: Print Paper

**[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 15 OF 66
	<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)  
**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: 2002.43

Date of Receipt: 09 / 01 / 2014

**Transaction ID : SA11AI.4913**

Amount of Each Receipt this Period: 27.36

In-kind - Cellular World: Cell Phone Cable

**[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: 2002.43

Date of Receipt: 09 / 03 / 2014

**Transaction ID : SA11AI.4905**

Amount of Each Receipt this Period: 98.00

In-kind - Maynardville USPS: Stamps

**[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: 2002.43

Date of Receipt: 09 / 05 / 2014

**Transaction ID : SA11AI.4902**

Amount of Each Receipt this Period: 660.00

In-kind - Discount Mugs: 100 T-Shirts

**[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 16 OF 66
	<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)  
**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: 2002.43

Date of Receipt: 09 / 05 / 2014

**Transaction ID : SA11AI.4903**

Amount of Each Receipt this Period: 35.43

In-kind - Banners on the Cheap Two 2'x5' Vinyl Banners

**[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: 2002.43

Date of Receipt: 09 / 05 / 2014

**Transaction ID : SA11AI.4904**

Amount of Each Receipt this Period: 147.60

In-kind - Zoo Printing: 5K Mailable Postcards

**[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: 2002.43

Date of Receipt: 09 / 05 / 2014

**Transaction ID : SA11AI.4909**

Amount of Each Receipt this Period: 432.93

In-kind - Zoo Printing: Bumper Stickers

**[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 17 OF 66
	<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)  
**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: **2002.43**

Date of Receipt: 09 / 09 / 2014

**Transaction ID : SA11AI.4914**

Amount of Each Receipt this Period: **412.00**

In-kind - Discount Mugs: 100 T-Shirts

**[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: **2002.43**

Date of Receipt: 09 / 10 / 2014

**Transaction ID : SA11AI.4915**

Amount of Each Receipt this Period: **4.91**

In-kind - Maynardville USPS: Certified Mail

**[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: **2002.43**

Date of Receipt: 09 / 14 / 2014

**Transaction ID : SA11AI.4912**

Amount of Each Receipt this Period: **58.58**

In-kind - USCellular: WiFi Internet for 631 & Travel

**[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 18 OF 66
	<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)  
**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: **2002.43**

Date of Receipt: **09 / 15 / 2014**

**Transaction ID : SA11AI.4917**

Amount of Each Receipt this Period: **6.12**

In-kind - Maynardville USPS: 306 2-cent Stamps

**[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: **2002.43**

Date of Receipt: **09 / 16 / 2014**

**Transaction ID : SA11AI.4910**

Amount of Each Receipt this Period: **50.00**

In-kind - NGP VAN Robocalls

**[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: **2002.43**

Date of Receipt: **09 / 19 / 2014**

**Transaction ID : SA11AI.4916**

Amount of Each Receipt this Period: **13.33**

In-kind - Maynardville USPS: Certified Mail

**[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 19 OF 66
	<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)  
**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: 2002.43

Date of Receipt: 09 / 20 / 2014

**Transaction ID : SA11AI.4908**

Amount of Each Receipt this Period: 43.68

In-kind - Best Buy: Tripod

**[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: 2002.43

Date of Receipt: 09 / 28 / 2014

**Transaction ID : SA11AI.4906**

Amount of Each Receipt this Period: 50.00

In-kind - NGP VAN: Robocalls

**[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: 09 / 30 / 2014

**Transaction ID : SA11AI.4907**

Amount of Each Receipt this Period: 1465.43

In-kind - Zoo Printing: Mailer Print

**[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 20 OF 66
	<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)  
**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  
**09 30 2014**

**Transaction ID : SA11AI.4919**

Amount of Each Receipt this Period  
**2650.00**

In-kind - Mileage of 10194 @ 26 cents per mile

**B.** Full Name (Last, First, Middle Initial)  
**Paul Hendricks**

Mailing Address 31 Mountain Orchard Path

City State Zip Code  
Signal Mountain TN 37377

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

Name of Employer Occupation  
Erlanger Medical Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 11 2014**

**Transaction ID : SA11AI.4943**

Amount of Each Receipt this Period  
**100.00**

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Paul Hendricks**

Mailing Address 31 Mountain Orchard Path

City State Zip Code  
Signal Mountain TN 37377

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

Name of Employer Occupation  
Erlanger Medical Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 25 2014**

**Transaction ID : SA11AI.4944**

Amount of Each Receipt this Period  
**100.00**

Campaign Donation

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

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

**2850.00**

**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 66
	<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**

Full Name (Last, First, Middle Initial) <b>Steven Hollingsworth</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2014
Mailing Address 14 N. Lynncrest Dr		<b>Transaction ID : SA11AI.4952</b>
City Chattanooga	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer Requested Information	Occupation Requested Information	Campaign Donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>Ralph Hubbard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2014
Mailing Address 280 Hackworth		<b>Transaction ID : SA11AI.5001</b>
City Clinton	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self-Employed	Occupation Computer Analyst/Web Servicer	In-kind - Web Services provided between 7/1 - 9/30/2014. (i.e. Webpage. Email. Graphics)
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>Ralph Hubbard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 18 / 2014
Mailing Address 280 Hackworth		<b>Transaction ID : SA11AI.5003</b>
City Clinton	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 810.00
Name of Employer Self-Employed	Occupation Computer Analyst/Web Servicer	In-kind - Discount Mugs: T-Shirts Advance <b>[MEMO ITEM]</b>
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3050.00
<b>TOTAL</b> 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: (check only one)	PAGE 22 OF 66
	<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)  
**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  
**4100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.5004**

Amount of Each Receipt this Period  
**1500.00**

In-kind - Web Services Provided between 7/1 - 9/30/2014 (i.e. Webpage, Email, graphics)

**B.** Full Name (Last, First, Middle Initial)  
**Frank Knight**

Mailing Address 1048 Lower Brow Rd

City State Zip Code  
Signal Mountaing TN 37377

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  
**1000.00**

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

**Transaction ID : SA11AI.4976**

Amount of Each Receipt this Period  
**1000.00**

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Linda Knight**

Mailing Address 1048 Lower Brow Rd

City State Zip Code  
Signal Mountain TN 37377

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  
**1000.00**

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

**Transaction ID : SA11AI.4978**

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).....

**3500.00**

**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 23 OF 66
	<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)  
**Loren Lomenick**

Mailing Address 441 Pine Bluff Dr

City East Ridge State TN Zip Code 37412

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

Name of Employer University of TN at Chattanooga Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : SA11AI.4986**

Amount of Each Receipt this Period  
500.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Alice Lupton**

Mailing Address 100 Scenic Hwy #18

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  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.4995**

Amount of Each Receipt this Period  
2100.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Alice Lupton**

Mailing Address 100 Scenic Hwy #18

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  
3100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2014

**Transaction ID : SA11AI.4996**

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).....

3100.00

**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 24 OF 66
	<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)  
**Donna Maddux**

Mailing Address 319 Park Rd

City State Zip Code  
Lookout Mountain TN 37350

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

Name of Employer Occupation  
Volunteer Behavior Health Center Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4999**

Amount of Each Receipt this Period  
250.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Deaderick Montague**

Mailing Address P.O. BOX

City State Zip Code  
Chattanooga TN 37401

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

Name of Employer Occupation  
Self-Employed Sculptor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : SA11AI.4723**

Amount of Each Receipt this Period  
1000.00

Campaign Donation

**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  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 14 / 2014

**Transaction ID : SA11AI.5062**

Amount of Each Receipt this Period  
25.00

Campaign Donation

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

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

1275.00



**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 25 OF 66
	<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)  
**Selma Paty**

Mailing Address 19 Patten Pkwy

City: Chattanooga State: TN Zip Code: 37402-2211

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

Name of Employer: Self Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 30 / 2014

**Transaction ID : SA11AI.5067**

Amount of Each Receipt this Period: 250.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Peelle**

Mailing Address 130 Oklahoma Ave

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: 2000.00

Date of Receipt: 08 / 12 / 2014

**Transaction ID : SA11AI.5068**

Amount of Each Receipt this Period: 2000.00

Campaign Donation

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

Mailing Address 130 Oklahoma

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: 4000.00

Date of Receipt: 08 / 12 / 2014

**Transaction ID : SA11AI.5070**

Amount of Each Receipt this Period: 2000.00

Campaign Donation

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

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

4250.00

**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 26 OF 66
	<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)  
**Ann Jones Pierre**

Mailing Address 519 Terrell St

City State Zip Code  
Chattanooga TN 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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.5071**

Amount of Each Receipt this Period  
200.00

Campaign Donation

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

Mailing Address 116 Claymore Ln

City State Zip Code  
Oak Ridge TN 37830

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

Name of Employer Requested Occupation Requested  
None Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : SA11AI.5080**

Amount of Each Receipt this Period  
500.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Bruce Stewart**

Mailing Address 99 Walnut St, #402

City State Zip Code  
Chattanooga TN 37403

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

Name of Employer Requested Occupation Requested  
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  
 08 / 25 / 2014

**Transaction ID : SA11AI.5110**

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).....

1200.00

**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 27 OF 66
	<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)  
**Evette Strickland**

Mailing Address 1775 Delano Rd

City Delano State TN Zip Code 37325

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : SA11AI.5112**

Amount of Each Receipt this Period  
250.00

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  
309.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : SA11AI.5122**

Amount of Each Receipt this Period  
109.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Deborah Williams**

Mailing Address 304 Creekshire Dr

City Signal Mountain State TN Zip Code 37377

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  
250.00

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

**Transaction ID : SA11AI.5135**

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).....

609.00

**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 28 OF 66
	<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)  
**Deborah Williams**

Mailing Address 304 Creekshire Dr

City State Zip Code  
Signal Mountain TN 37377

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  
2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 25 / 2014

**Transaction ID : SA11AI.5133**

Amount of Each Receipt this Period  
2000.00

Campaign Donation

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

Mailing Address 707 Georgia Ave, Suite 302

City State Zip Code  
Chattanooga TN 37402

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  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 31 / 2014

**Transaction ID : SA11AI.5138**

Amount of Each Receipt this Period  
250.00

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).....

2250.00

28798.15

**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 29 OF 66
	<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)  
**McMinn Democratic Party**

Mailing Address 9 S. Kilgore St

City Athens State TN Zip Code 37303

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 Y Y  
 08 / 23 / 2014

**Transaction ID : SA11B.5025**

Amount of Each Receipt this Period  
 Campaign Donation  
 1000.00

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

Mailing Address 9 S. Kilgore St

City Athens State TN Zip Code 37303

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 Y Y  
 09 / 20 / 2014

**Transaction ID : SA11B.5027**

Amount of Each Receipt this Period  
 McMinn Democratic Party Potluck Dinner (\$7 Ticket Price) Campaign Donation  
 147.00

**C.** Full Name (Last, First, Middle Initial)  
**McMinn Democratic Women**

Mailing Address 9 S. Kilgore St

City Athens State TN Zip Code 37303

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 Y Y  
 09 / 10 / 2014

**Transaction ID : SA11B.5028**

Amount of Each Receipt this Period  
 Campaign Donation  
 500.00

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

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

1647.00

**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 30 OF 66
	<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)  
**Terrace Meadows**

Mailing Address 1103 Wetwood Ave

City Chattanooga State TN Zip Code 37405

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  
25.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : SA11B.5030**

Amount of Each Receipt this Period  
25.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Patsy Meredith**

Mailing Address 102 Waterson Way

City Clinton State TN Zip Code 37716

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  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : SA11B.5032**

Amount of Each Receipt this Period  
100.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Ben Meyer**

Mailing Address 8802 Oak Valley Ln

City Chattanooga State TN Zip Code 37421

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  
25.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 07 / 2014

**Transaction ID : SA11B.5033**

Amount of Each Receipt this Period  
25.00

Campaign Donation

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

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

150.00

**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 31 OF 66
<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)  
**Roger Meyer**

Mailing Address 2116 Colonial Parkway Dr

City State Zip Code  
Chattanooga TN 37421

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  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2014

**Transaction ID : SA11B.5035**

Amount of Each Receipt this Period  
100.00

Campaign Donation

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

Mailing Address 29 S Crest Rd

City State Zip Code  
Chattanooga TN 37404

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

Name of Employer Occupation  
Self-Employed Investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2014

**Transaction ID : SA11B.5037**

Amount of Each Receipt this Period  
2600.00

Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
**Olan Mills**

Mailing Address 3076 Rivermont Rd

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  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2014

**Transaction ID : SA11B.5039**

Amount of Each Receipt this Period  
2600.00

Campaign Donation

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

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

5300.00

**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 32 OF 66
	<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)  
**Angela Minor**

Mailing Address 1411 Star St

City Cleveland State TN Zip Code 37323

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

Name of Employer Self-Employed Occupation Graphic Artist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11B.5040**

Amount of Each Receipt this Period  
 20.00

Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
**Cannon Montague**

Mailing Address 503 E Brow Rd

City Lookout Mountain State TN Zip Code 37350

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11B.5042**

Amount of Each Receipt this Period  
 100.00

Campaign Donation

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

Mailing Address P.O. BOX

City Chattanooga State TN Zip Code 37401

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

Name of Employer Self-Employed Occupation Sculptor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : SA11B.5044**

Amount of Each Receipt this Period  
 0.00

Already Entered on 48 Hour Notice

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

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

120.00

7217.00



**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 33 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)  
**Loudon County Federation of Democratic Women**

Mailing Address 328 Okama Way

City Loudon State TN Zip Code 37774

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : SA11C.4989**

Amount of Each Receipt this Period  
 Campaign Donation  
 400.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

400.00

400.00

**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 34 OF 66	
	<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) <b>A. 6Strong Media</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2014
Mailing Address 2158 Northgate Park Ln, Suite 210		Amount of Each Disbursement this Period 1350.00 <b>Transaction ID : SB17.5179</b>
City Chattanooga	State TN	
Purpose of Disbursement TV Ad Production with Johnny Stockman		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. ACTBLUE</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address P.O. BOX 441146		Amount of Each Disbursement this Period 346.45 <b>Transaction ID : SB17.5152</b>
City SOMERVILLE	State MA	
Purpose of Disbursement Online Collection Fees From 7/19/2014 to 9/30/2014 (Withdrawn Before Transfer)		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. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2014
Mailing Address P.O. BOX 536216		Amount of Each Disbursement this Period 81.76 <b>Transaction ID : SB17.5169</b>
City Atlanta	State GA	
Purpose of Disbursement Campaign Cell Phone (423-330-8018)		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).....	1778.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 66
	<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. C&amp;D Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 5351 Tennyson St, Unit 1C		Amount of Each Disbursement this Period 659.00 <b>Transaction ID : SB17.5147</b>
City Denver State CO Zip Code 80212	Purpose of Disbursement 1000 Bumper Stickers Invoice # 038227 Category/Type 006	
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. C&amp;D Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 5351 Tennyson St, Unit 1C		Amount of Each Disbursement this Period 23.80 <b>Transaction ID : SB17.5149</b>
City Denver State CO Zip Code 80212	Purpose of Disbursement 1000 Bumper Sticker Shipping invoice#038227CORR 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. Pat Combs</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 502 Lullwater Rd		Amount of Each Disbursement this Period 85.93 <b>Transaction ID : SB17.4834</b> <b>[MEMO ITEM]</b>
City Chattanooga State TN Zip Code 37405	Purpose of Disbursement In-kind - Uline Hanger Bags for 8/25 Kickoff 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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	682.80
<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 66	
	<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. Pat Combs</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 502 Lullwater Rd		Amount of Each Disbursement this Period 100.00
City Chattanooga	State TN	
Zip Code 37405	Purpose of Disbursement In-kind - City of Chattanooga Room Rental for 8/25 Kickoff	Transaction ID : SB17.4837
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pat Combs</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 502 Lullwater Rd		Amount of Each Disbursement this Period 100.00
City Chattanooga	State TN	
Zip Code 37405	Purpose of Disbursement Repayment: City of Chattanooga Room Rental for 8/25 Kickoff	Transaction ID : SB17.5186
Candidate Name <b>Headrick for Congress</b>	Category/Type 009	
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. Pat Combs</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 502 Lullwater Rd		Amount of Each Disbursement this Period 65.28
City Chattanooga	State TN	
Zip Code 37405	Purpose of Disbursement Repayment: Pizza Hut Catering for Phone Banking Event	Transaction ID : SB17.5187
Candidate Name <b>Headrick for Congress</b>	Category/Type 009	
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).....	165.28
<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 37 OF 66			
	<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. Pat Combs</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 502 Lullwater Rd		Amount of Each Disbursement this Period 270.38
City Chattanooga	State TN	
Zip Code 37405	Purpose of Disbursement In-kind - Facebook Boosting	Transaction ID : SB17.4831
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. Pat Combs</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 502 Lullwater Rd		Amount of Each Disbursement this Period 388.77
City Chattanooga	State TN	
Zip Code 37405	Purpose of Disbursement In-kind - Mileage of 1495 miles at 26 center per mile	Transaction ID : SB17.4835
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>c. Pat Combs</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 502 Lullwater Rd		Amount of Each Disbursement this Period 65.28
City Chattanooga	State TN	
Zip Code 37405	Purpose of Disbursement In-kind - Pizza Hut Catering for Phone Banking Event	Transaction ID : SB17.4839
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	659.15
<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 38 OF 66			
	<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. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 6203 Bramblewood Dr		Amount of Each Disbursement this Period 4519.45 <b>Transaction ID : SB17.5164</b>
City Hixson	State TN	
Purpose of Disbursement Comcast 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>B. EPBFI</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address P.O. BOX 182251		Amount of Each Disbursement this Period 254.52 <b>Transaction ID : SB17.5159</b>
City Chattanooga	State TN	
Purpose of Disbursement Quarter Fees for EPBFI Phone		Category/ Type 003
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 07 / 22 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 5.97 <b>Transaction ID : SB17.5265</b>
City Maynardville	State TN	
Purpose of Disbursement Duplicate Keys for River Hills Manor		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).....	4779.94
<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 39 OF 66			
	<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 07 / 22 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 287.07 <b>Transaction ID : SB17.5267</b>
City Maynardville	State TN	
Purpose of Disbursement Office Depot: Office & Print Supplies		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. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 182.44 <b>Transaction ID : SB17.5268</b>
City Maynardville	State TN	
Purpose of Disbursement Office Depot: Toner Cartridges & Print Supplies		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. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 93.11 <b>Transaction ID : SB17.5271</b>
City Maynardville	State TN	
Purpose of Disbursement LAN Phones (992-7168, 0631) 2 mo+install		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).....	562.62
<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 40 OF 66	
	<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 08 / 01 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 2854.53
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Political Strategy and Advisory Consultation Fee Advance	Transaction ID : <b>SB17.4896</b>
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 MM / DD / YYYY 08 / 01 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 2854.53
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Repayment: Battleground Solutions for political strategy and advisory consultations fee advance	Transaction ID : <b>SB17.5223</b>
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		

Full Name (Last, First, Middle Initial) <b>c. Battleground Solutions</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 703 E Long St Unit #4		Amount of Each Disbursement this Period 2854.53
City Columbus	State OH	
Zip Code 43203	Purpose of Disbursement Repayment: Political Strategy and Advisory Consultation Fee	Transaction ID : <b>SB17.5223.0</b>
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)	[MEMO ITEM]
State: TN District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2854.53
<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 41 OF 66			
	<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 08 / 01 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 42.62 <b>Transaction ID : SB17.5269</b>
City Maynardville	State TN	
Purpose of Disbursement Tennessean: Newspapers form 8/1-8/31		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. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 67.20 <b>Transaction ID : SB17.5276</b>
City Maynardville	State TN	
Purpose of Disbursement VAN Robocalls: Predictive Dial Trial		Category/ Type 005
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 08 / 14 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 58.58 <b>Transaction ID : SB17.4939</b> <b>[MEMO ITEM]</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - USCellular Wifi Internet for 631		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	109.82
<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 42 OF 66
	<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 08 / 14 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 72.15 <b>Transaction ID : SB17.5205</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Repayment: USCellular: WiFi Internet for 631 & Travel	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. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 12.32 <b>Transaction ID : SB17.5270</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement BiLo: Drinks Phone Bank	Category/ Type 007
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 08 / 19 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 1.25 <b>Transaction ID : SB17.5282</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Convention Center Parking	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).....	72.15
<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 43 OF 66			
	<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 08 / 20 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 16.55 <b>Transaction ID : SB17.5284</b>
City Maynardville	State TN	
Purpose of Disbursement Food City (Cups, Napkins, Plates)		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. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.5277</b>
City Maynardville	State TN	
Purpose of Disbursement CWLI Dues (6 Months) Chattanooga's Women's Leadership Institute		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. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 124.73 <b>Transaction ID : SB17.5278</b>
City Maynardville	State TN	
Purpose of Disbursement Big Lots: Meeting, Office Supplies		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).....	191.28
<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 44 OF 66	
	<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 08 / 25 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 61.55
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - BiLo: Food for Kickoff	Transaction ID : SB17.4921
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 MM / DD / YYYY 08 / 25 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 641.20
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Political Strategy and Advisory Consultation Fee Advance	Transaction ID : SB17.4942
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>c. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 641.20
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Repayment: Battleground Solutions for political strategy and advisory consultation fee advance	Transaction ID : SB17.5224
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).....	641.20
<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 45 OF 66	
	<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. Battleground Solutions</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 703 E Long St Unit #4		Amount of Each Disbursement this Period 641.20
City Columbus	State OH Zip Code 43203	
Purpose of Disbursement Repayment: Political Strategy and Advisory Consultation Fee		Transaction ID : SB17.5224.0
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	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 61.55
City Maynardville	State TN Zip Code 37807-0218	
Purpose of Disbursement Repayment: BiLo: Food for Kickoff		Transaction ID : SB17.5225
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	Category/Type 007	

Full Name (Last, First, Middle Initial) <b>c. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 50.00
City Maynardville	State TN Zip Code 37807-0218	
Purpose of Disbursement In-kind - NGP VAN: Robocalls		Transaction ID : SB17.4928
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)	[MEMO ITEM]
State: TN District: 03	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	61.55
<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 46 OF 66			
	<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 08 / 26 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.5216</b>
City Maynardville	State TN	
Purpose of Disbursement Repayment: NGP VAN Robocalls		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. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 305.63 <b>Transaction ID : SB17.4940</b> <b>[MEMO ITEM]</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - Sonic 10K Prints Order #38162		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>C. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 79.50 <b>Transaction ID : SB17.4941</b> <b>[MEMO ITEM]</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - Megabus Travel		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.00
<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 47 OF 66			
	<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 08 / 27 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 79.50 <b>Transaction ID : SB17.5203</b>
City Maynardville	State TN	
Purpose of Disbursement Repayment: Megabus Travel		Category/ Type 002
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. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 305.63 <b>Transaction ID : SB17.5204</b>
City Maynardville	State TN	
Purpose of Disbursement Repayment: Sonic 5000x2 Print Order#38162		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. Sonic</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2014
Mailing Address 5018 Tampa West Blvd		Amount of Each Disbursement this Period 305.63 <b>Transaction ID : SB17.5204.0</b> <b>[MEMO ITEM]</b>
City Tampa	State FL	
Purpose of Disbursement Repayment: Sonic: 5000x2Print Order# 38162		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).....	385.13
<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 48 OF 66			
	<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 08 / 28 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 50.24
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Office Depot: Print Paper	Transaction ID : SB17.4938
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 MM / DD / YYYY 08 / 28 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 50.24
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Repayment: Office Depot: Print Paper	Transaction ID : SB17.5206
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		

Full Name (Last, First, Middle Initial) <b>c. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 607.00
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement River Hills Manor Rent August	Transaction ID : SB17.5279
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).....	657.24
<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 49 OF 66			
	<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 08 / 29 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 20.42 <b>Transaction ID : SB17.5283</b>
City Maynardville	State TN	
Purpose of Disbursement UT Bookstore (Two Reich Books)		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. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 27.36 <b>Transaction ID : SB17.4926</b> <b>[MEMO ITEM]</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - Cellular World: Cell Phone Cable		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>C. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 27.36 <b>Transaction ID : SB17.5218</b>
City Maynardville	State TN	
Purpose of Disbursement Repayment: Cellular World: Cell Phone Cable		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).....	47.78
<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 50 OF 66			
	<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 09 / 03 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 98.00
City Maynardville	State TN	
Purpose of Disbursement In-kind - Maynardville USPS: Stamps		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 09 / 03 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 98.00
City Maynardville	State TN	
Purpose of Disbursement Repayment: Maynardville USPS: Stamps		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	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 09 / 05 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 432.93
City Maynardville	State TN	
Purpose of Disbursement In-kind - Zoo Printing: Bumper Stickers		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TN District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	98.00
<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 51 OF 66			
	<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 09 / 05 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 147.60
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Zoo Printing: 5K Mailable Postcards	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 35.43
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Banners on the Cheap Two 2'x5' Vinyl Banners	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>C. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 660.00
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Discount Mugs: 100 T-Shirts	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
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 52 OF 66			
	<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 09 / 05 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 660.00 <b>Transaction ID : SB17.5207</b>
City Maynardville	State TN	
Purpose of Disbursement Repayment: Discount Mugs: 100 T-Shirts		Category/ Type 006
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. Discount Mugs</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2014
Mailing Address 12619 NW 115th Ave, Bldg #200		Amount of Each Disbursement this Period 660.00 <b>Transaction ID : SB17.5207.0</b>
City Medley	State FL	
Purpose of Disbursement Repayment: 100 T-Shirts		Category/ Type 006
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	

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>c. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 35.43 <b>Transaction ID : SB17.5208</b>
City Maynardville	State TN	
Purpose of Disbursement Repayment: Banners on the Cheap: Two 2'x5' Vinyl Banners		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).....	695.43
<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 53 OF 66
	<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 09 / 05 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 432.93 <b>Transaction ID : SB17.5209</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Repayment: Zoo Printing: 5000 Mailable Postcards	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. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 432.93 <b>Transaction ID : SB17.5214</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Repayment: Zoo Printing: Bumper Stickers	Category/ Type 006
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 MM / DD / YYYY 09 / 05 / 2014
Mailing Address 5700 Bandini Blvd		Amount of Each Disbursement this Period 432.93 <b>Transaction ID : SB17.5214.0</b>
City Commerce	State CA	
Zip Code 90040	Purpose of Disbursement Repayment: Bumper Stickers	Category/ Type 006
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).....	580.53
<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 54 OF 66	
	<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 09 / 09 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 412.00
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Discount Mugs: 100 T-Shirts	Transaction ID : SB17.4925
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 09 / 09 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 412.00
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Repayment: Discount Mugs: 100 T-Shirts	Transaction ID : SB17.5219
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. Discount Mugs</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 12619 NW 115th Ave, Bldg #200		Amount of Each Disbursement this Period 412.00
City Medley	State FL	
Zip Code 33178	Purpose of Disbursement Repayment: 100 T-Shirts	Transaction ID : SB17.5219.0
Candidate Name <b>Headrick for Congress</b>	Category/Type 006	
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).....	412.00
<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 55 OF 66			
	<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 09 / 10 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 4.91
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Maynardville USPS: Certified Mail	[MEMO ITEM]
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>B. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 4.91
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Repayment: Maynardville USPS: Certified Mail	
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		

Full Name (Last, First, Middle Initial) <b>c. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 16.22
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Knoxville Utilities Board (KUB) 631 HQ Use	
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).....	21.13
<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 56 OF 66	
	<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 09 / 14 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 58.58
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - USCellular: WiFi Internet for 631 & Travel	Transaction ID : SB17.4927
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 09 / 14 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 58.58
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Repayment: USCellular: WiFi Internet for 631 & Travel	Transaction ID : SB17.5217
Candidate Name <b>Headrick for Congress</b>	Category/Type 003	
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 09 / 15 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 6.12
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Maynardville USPS: 306 2-cent Stamps	Transaction ID : SB17.4922
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	58.58
<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 57 OF 66			
	<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 09 / 15 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 6.12 <b>Transaction ID : SB17.5222</b>
City Maynardville	State TN	
Purpose of Disbursement Repayment: Maynardville USPS: 306 2-Cent Stamps		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. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4929</b> <b>[MEMO ITEM]</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - NGP VAN Robocalls		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>C. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.5215</b>
City Maynardville	State TN	
Purpose of Disbursement Repayment: NGP VAN Robocalls		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).....	56.12
<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 58 OF 66	
	<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 09 / 19 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 13.33
City Maynardville	State TN	
Purpose of Disbursement In-kind - Maynardville USPS: Certified Mail		[MEMO ITEM]
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 MM / DD / YYYY 09 / 19 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 13.33
City Maynardville	State TN	
Purpose of Disbursement Repayment: Maynardville USPS: Certified Mail		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. Dr. Mary M Headrick</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 43.68
City Maynardville	State TN	
Purpose of Disbursement In-kind - Best Buy: Tripod		[MEMO ITEM]
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13.33
<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 59 OF 66	
	<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 09 / 20 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 43.68 <b>Transaction ID : SB17.5213</b>
City Maynardville	State TN	
Purpose of Disbursement Repayment: Best Buy: Tripod		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. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 191.63 <b>Transaction ID : SB17.5281</b>
City Maynardville	State TN	
Purpose of Disbursement Costco: YouTube Camcorder		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 09 / 28 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4933</b> <b>[MEMO ITEM]</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - NGP VAN: Robocalls		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	235.31
<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 60 OF 66			
	<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 09 / 28 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.5211</b>
City Maynardville	State TN	
Purpose of Disbursement Repayment: NGP VAN Robocalls		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. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 2650.00 <b>Transaction ID : SB17.4920</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - Mileage of 10194 @ 26 cents per mile		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>c. Dr. Mary M Headrick</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 1465.43 <b>Transaction ID : SB17.4932</b> <b>[MEMO ITEM]</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - Zoo Printing: Mailer Print		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2700.00
<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 61 OF 66	
	<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 09 / 30 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 1465.43 <b>Transaction ID : SB17.5212</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Repayment: Zoo Printing: Mailer Print	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 MM / DD / YYYY 09 / 30 / 2014
Mailing Address 5700 Bandini Blvd		Amount of Each Disbursement this Period 1465.43 <b>Transaction ID : SB17.5212.0</b> <b>[MEMO ITEM]</b>
City Commerce	State CA	
Zip Code 90040	Purpose of Disbursement Repayment: Mailer Print	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. Ralph Hubbard</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 280 Hackworth		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.5008</b>
City Clinton	State TN	
Zip Code 37716	Purpose of Disbursement In-kind - Web Services provided between 7/1 - 9/30/2014. (i.e. Webpage, Email, Graphics)	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 <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4065.43
<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 62 OF 66			
	<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. Ralph Hubbard</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 280 Hackworth		Amount of Each Disbursement this Period 810.00
City Clinton	State TN	
Zip Code 37716	Purpose of Disbursement In-kind - Discount Mugs: T-Shirts Advance	Transaction ID : SB17.5007
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ralph Hubbard</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 280 Hackworth		Amount of Each Disbursement this Period 810.00
City Clinton	State TN	
Zip Code 37716	Purpose of Disbursement Discount Mugs: 100 T-Shirts Advance Repayment	Transaction ID : SB17.5184
Candidate Name <b>Headrick for Congress</b>	Category/Type 009	
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. Discount Mugs</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 12619 NW 115th Ave, Bldg #200		Amount of Each Disbursement this Period 810.00
City Medley	State FL	
Zip Code 33178	Purpose of Disbursement 100 T-Shirts	Transaction ID : SB17.5184.0
Candidate Name <b>Headrick for Congress</b>	Category/Type 006	
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).....	810.00
<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 63 OF 66			
	<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. Ralph Hubbard</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 280 Hackworth		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.5006</b>
City Clinton	State TN	
Purpose of Disbursement In-kind - Web Services Provided between 7/1 - 9/30/2014 (i.e. Webpage, Email, graphics)		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 <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Markco Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 1609 Hamill Rd		Amount of Each Disbursement this Period 349.60 <b>Transaction ID : SB17.5166</b>
City Hixson	State TN	
Purpose of Disbursement Large Signs (10 4'x4' signs)		Category/ Type 003
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. PCSigns</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 2534 Commerce Blvd		Amount of Each Disbursement this Period 1398.21 <b>Transaction ID : SB17.5156</b>
City Cincinnati	State OH	
Purpose of Disbursement Yard Signs		Category/ Type 003
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).....	3247.81
<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 64 OF 66			
	<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)		Date of Disbursement	
<b>A. PCSigns</b>		M M / D D / Y Y Y Y 08 / 04 / 2014	
Mailing Address 2534 Commerce Blvd		Amount of Each Disbursement this Period	
City Cincinnati State OH Zip Code 45241		433.63	
Purpose of Disbursement Yard Signs		Transaction ID : SB17.5158	
Candidate Name <b>Headrick for Congress</b>		Category/Type 003	
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)		Date of Disbursement	
<b>B. PCSigns</b>		M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 2534 Commerce Blvd		Amount of Each Disbursement this Period	
City Cincinnati State OH Zip Code 45241		1751.31	
Purpose of Disbursement 1000 Yard Signs		Transaction ID : SB17.5172	
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)		Date of Disbursement	
<b>c. Sonic</b>		M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address 5018 Tampa West Blvd		Amount of Each Disbursement this Period	
City Tampa State FL Zip Code 33634		455.00	
Purpose of Disbursement 10K Cards Printed		Transaction ID : SB17.5150	
Candidate Name <b>Headrick for Congress</b>		Category/Type 003	
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).....	2639.94
<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 65 OF 66			
	<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. Sonic</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 5018 Tampa West Blvd		Amount of Each Disbursement this Period 203.09 <b>Transaction ID : SB17.5163</b>
City Tampa State FL Zip Code 33634	Purpose of Disbursement 5000 Post Cards, Order #38243 Category/Type 003	
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. Sonic</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 5018 Tampa West Blvd		Amount of Each Disbursement this Period 305.63 <b>Transaction ID : SB17.5183</b>
City Tampa State FL Zip Code 33634	Purpose of Disbursement 10K Print Cards, Order # 38162 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. Viacom/EPB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 10 W MLK Blvd		Amount of Each Disbursement this Period 983.00 <b>Transaction ID : SB17.5181</b>
City Chattanooga State TN Zip Code 37402	Purpose of Disbursement TV 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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1491.72
<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 66 OF 66			
	<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. WRCB-TV</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address 900 Whitehall Rd		Amount of Each Disbursement this Period 3689.00 <b>Transaction ID : SB17.5141</b>
City Chattanooga	State TN	
Purpose of Disbursement TV Ad Time Channel 3		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. WRCB-TV</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2014
Mailing Address 900 Whitehall Rd		Amount of Each Disbursement this Period 2498.00 <b>Transaction ID : SB17.5168</b>
City Chattanooga	State TN	
Purpose of Disbursement Channel 3 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. WTVC Channel 9</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2014
Mailing Address 4279 Benton Dr		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5175</b>
City Chattanooga	State TN	
Purpose of Disbursement 4 TV Ads (Nov 3 & 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7187.00
<b>TOTAL</b> This Period (last page this line number only).....	38011.01